2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2006 90196 034 ***150.00 DOCUMENT # P04000115557 1. Entity Name ST, MARY ADULT CARE, INC. Mailing Address Principal Place of Business 5716 SW 149TH PLACE 5716 SW 149TH PLACE MIAMI, FL 33193 MIAMI, FL 33193 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4285928 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, ELENA L DO NOT WRITE 5716 SW 149TH PLACE MIAMI, FL 33193 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD HILE FERNANDEZ, ELENA L NAME 5716 SW 149TH PLACE STREET ADDRESS MIAMI, FL 33193 CITY-ST-ZP TITLE HAME STREET ADDRESS CDY -S1-21P HILE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE THILE NAME STREET AUDITESS CITY -ST-ZIP HILE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fike empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY- ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST-ZIP

tlena teknar

President

786 393 8122

FILED

Secretary of State

May 04, 2006 8:00 am

Daylara Phene b