# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007**
**Secretary of State**

DOCUMENT# P05000014365

**Entity Name:** CLIENT CARE GROUP, INC.

**Current Principal Place of Business:**

4213 SUMMIT CREEK BLVD #7106
ORLANDO, FL 32837

**New Principal Place of Business:**

4201 SUMMIT CREEK BLVD #8101
ORLANDO, FL 32837

**Current Mailing Address:**

4213 SUMMIT CREEK BLVD #7106
ORLANDO, FL 32837

**New Mailing Address:**

4201 SUMMIT CREEK BLVD #8101
ORLANDO, FL 32837

**FEI Number: 33-1110583** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEPULVEDA, BARBARA
4213 SUMMIT CREEK BLVD #7106
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

SEPULVEDA, BARBARA
4201 SUMMIT CREEK BLVD #8101
ORLANDO, FL 32837 US

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.

SIGNATURE: _____ 04/30/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SEPULVEDA, BARBARA
Address: 4213 SUMMIT CREEK BLVD #7106
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: SEPULVEDA, BARBARA
Address: 4201 SUMMIT CREEK BLVD #8101
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SEPULVEDA P 04/30/2007
Electronic Signature of Signing Officer or Director — Date