2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# P05000026877

Entity Name: TRUE CARE, INC.

Current Principal Place of Business:

P.O. BOX 2716
IMMOKALEE, FL 34143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2716
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALDERON-MORALES, CHRISTINA
506 JEFFERSON AVE.
IMMOKALEE, FL 34143 US

Name and Address of New Registered Agent:

CALDERON, CHRISTINA
506 JEFFERSON AVE.
IMMOKALEE, FL 34143 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: CHRISTINA CALDERON 01/19/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CALDERON-MORALES, CHRISTINA
Address: 506 JEFFERSON AVE.
City-St-Zip: IMMOKALEE, FL 34143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CALDERON, CHRISTINA
Address: 506 JEFFERSON AVE.
City-St-Zip: IMMOKALEE, FL 34143

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINA CALDERON D 01/19/2006
Electronic Signature of Signing Officer or Director Date