

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026877

FILED
Aug 21, 2007
Secretary of State

Entity Name: TRUE CARE, INC.

Current Principal Place of Business:

P.O. BOX 2716
IMMOKALEE, FL 34143

New Principal Place of Business:

506 JEFFERSON AVE.
IMMOKALEE, FL 34142

Current Mailing Address:

P.O. BOX 2716
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 20-5224899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CALDERON CARRILLO, CHRISTINA
506 JEFFERSON AVE.
IMMOKALEE, FL 34142 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 CARRILLO

08/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CALDERON CARRILLO, CHRISTINA
Address: 506 JEFFERSON AVE.
City-St-Zip: IMMOKALEE, FL 34142

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: CHRISTINA CALDERON CARRILLO

D

08/21/2007

Electronic Signature of Signing Officer or Director

Date