


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000026877 1. Entity Name TRUE CARE, INC.	
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Principal Place of Business 506 JEFFERSON AVE. IMMOKALEE, FL 34142	Mailing Address P.O. BOX 2716 IMMOKALEE, FL 34143
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DO NOT WRITE IN THIS SPACE



05272008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5224899	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE 06/04/08-80086-005 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERON CARRILLO, CHRISTINA 506 JEFFERSON AVE. IMMOKALEE, FL 34142
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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 trustee 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 like empowered.

SIGNATURE:  **5.27.08** **357.8462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #