## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000026877

Entity Name: TRUE CARE, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

506 JEFFERSON AVE. 6833 GARLAND STREET IMMOKALEE, FL 34142 FORT MYERS, FL 33966 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2716 6833 GARLAND STREET IMMOKALEE, FL 34143 FORT MYERS, FL 33966 US

FEI Number: 20-5224899 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CALDERON CARRILLO, CHRISTINA
506 JEFFERSON AVE.
6833 GARLAND STREET
FORT MYERS, FL 33966 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 04/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D () Delete

Name: CALDERON CARRILLO, CHRISTINA

Address: 506 JEFFERSON AVE. City-St-Zip: IMMOKALEE, FL 34142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition Name: CALDERON CARRILLO, CHRISTINA

Address: 6833 GARLAND STREET City-St-Zip: FORT MYERS, FL 33966

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 D 04/13/2009

Electronic Signature of Signing Officer or Director

Date