2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# P05000114090

Entity Name: WILL CARE OF FLORIDA INC.

Current Principal Place of Business:

15595 CHANDELLE PL
WELLINGTON, FL 33414

New Principal Place of Business:

12210 DARTMOOR DRIVE
WELLINGTON, FL 33414

Current Mailing Address:

15595 CHANDELLE PL
WELLINGTON, FL 33414

New Mailing Address:

12210 DARTMOOR DRIVE
WELLINGTON, FL 33414

FEI Number: 11-3759497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ARLENE E
15595 CHANDELLE PL
WELLINGOTN, FL 33414 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, ARLENE E
Address: 15595 CHANDELLE PL
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: WILLIAMS, LEIGHTON A
Address: 15595 CHANDELLE PL
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: HEW-BAILEY, PAULA
Address: 15595 CHANDELLE PL
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: WILLIAMS, ARLENE E
Address: 15595 CHANDELLE PL
City-St-Zip: WELLINGTON, FL 33414

Title: VP/S (X) Change ( ) Addition
Name: WILLIAMS, LEIGHTON A
Address: 15595 CHANDELLE PL
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LEIGHTON WILLIAMS VP/S 03/16/2006
Electronic Signature of Signing Officer or Director Date