2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114090

Entity Name: WILL CARE OF FLORIDA INC.

FILED May 03, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RTMOOR DRI' TON, FL 3341				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
12210 DARTMOOR DRIVE WELLINGTON, FL 33414			15595 CHANDELLE PL 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:			Name and Address o	Name and Address of New Registered Agent:	
15595 CH, WELLING The above	s, ARLENE E ANDELLE PL OTN, FL 3341 e named entity e of Florida.		purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
		nic Signature of Registered Ag		Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D WILLIAMS, AR 15595 CHANDI WELLINGTON,	ELLE PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zin:	VP/S (WILLIAMS, LE 15595 CHANDI WELLINGTON	ELLE PL	Title: Name: Address: City-St-Zin:	() Change () Addition	

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: ARLENE WILLIAMS P 05/03/2007