2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# P05000160364

Entity Name: MARCELLE CARES, INC.

Current Principal Place of Business:

1210 WOODYCREST AVENUE
2C
BRONX, NY 10452 US

New Principal Place of Business:

Current Mailing Address:

1210 WOODYCREST AVENUE
2C
BRONX, NY 10452 US

New Mailing Address:

FEI Number: 20-3912492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, GLADYS
102 PORT LAND STREET
EUSTIS, FL 32726 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: MARCELLE-MCKOY, DEBORAH E
Address: 830 EMERALD WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP ( ) Delete
Name: MCKOY, DEIDRA L
Address: 1210 WOODYCREST AVENUE, #2C
City-St-Zip: BRONX, NY 10452 US

Title: SEC. ( ) Delete
Name: MCKOY, DEIDRA L
Address: 1210 WOODYCREST AVENUE, APARTMENT 2C
City-St-Zip: BRONX, NY 10452 US

Title: TREA ( ) Delete
Name: MARCELLE-MCKOY, DEBORAH E
Address: 830 EMERALD WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DEBORAH MARCELLE MCKOY P 04/29/2006

Electronic Signature of Signing Officer or Director Date