2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059705

Entity Name: CARE PAK SOLUTIONS, INC.

FILED Feb 28, 2008 Secretary of State

Current P	rincinal Place	of Rusiness	New Principal Place of	f Rusinass	
Current Principal Place of Business:			New Fillicipal Flace of Busiliess.		
1225 W. BEAVER STREET SUITE #204 JACKSONVILLE, FL 32204 US		ΕT	7315 SPRING HILL ROAD JACKSONVILLE, FL 32244 US		
		04 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1225 W. BEAVER STREET			P.O. BOX 440923		
SUITE #204		0.4	JACKSONVILLE, FL 32222		
JACKSON	IVILLE, FL 3220	04 US			
FEI Number:	: 06-1787514	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
7315 SPRI	S, SANDRA J INGHILL ROAD IVILLE, FL 322				
	named entity s e of Florida.	submits this statement for th	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	ic Signature of Registered	Agent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PD ()	Delete	Title: () Change () Addition	
Name:	SAMUELS, SAN		Name:		
Address:	7315 SPRINGHI				
City-St-Zip:	JACKSONVILLE	:, FL 32244 US	City-St-Zip:		
Title:	VPD ()	Delete	Title: () Change () Addition	
Name: FUNCHESS, STACEY		Name:			
Address:	800 BROWARD		Address:		
City-St-Zip:	JACKSONVILLE	:, FL 32218 US	City-St-Zip:		

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: SANDRA J SAMUELS PD 02/28/2008