2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P060000599 CARE CONSULTANTS INC.	920				007 90182 0	23 ***158	8.75
Principal Plac	e of Business	Mailing Address		· A	0067800	}		
	VECCHIO WAY I GARDENS, FL 33410	287 PORTO VECCHIO WA Palm Beach Gardens,			300 311 00110 0011 0011		116 1811 4 11811 831	
<u> 17911 :</u>	SE Federal Hu	3. Mailing Address	Feder	ALT hus				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		041320	Or Chg-P	CR2E0	34 (12/06)	
City & State	72111 (A	City & State	17 22	4. FEI N	-47720	2012		oplied For ot Applicable
Jupit: 334(Country Country	3346g	Country	5. Certil	icate of Status Des	7	\$8.75 Add Fee Required	litional
	6. Name and Address of Current Re	egistered Agent	Name I	7. Name	and Address of	New Registered	Agent	
	ATÉ CREATIONS NETWORK, IN DSPERITY FARMS ROAD #221		Street A	PLUST(Lumber is Not Acce	EDAK eptable)) 5	
	ACH GARDENS, FL 33410	E	17	41175.		OZAL	Hux	+:
	,		City	Tolka	0	FL	Zip Cod	<u>)</u> 2414
	named entity submits this statement for t	he purpose of changing its re	egistered office or	registered agent,	or both, in the State	e of Florida. I am	familiar with,	and accept
the obligations of registered agent. SIGNATURE Signature typed or graned rame of registerations and tries happhcable (NOTE Progisiere				ike required when røinstat	201	4-13	3-20	X.
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and accurate and that my 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 empeyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

Date Daylere Proce #