

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061460

FILED
Apr 26, 2007
Secretary of State

Entity Name: CAREKEEPER SOLUTIONS, INC.

Current Principal Place of Business:

405 N REO STREET SUITE 300
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

405 N REO STREET SUITE 300
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-4797115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAS, CARLOS A ESQ
2525 PONCE DE LEON BLVD SUITE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CFRA, LLC
4221 W. BOYSCOUT BLVD.
10TH FLOOR
TAMPA, FL 33607 US

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: CARLOS A. MAS

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILVAIN, BM
Address: 405 N REO STREET SUITE 300
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: SCHREIBER, BATSHEVA
Address: 110 N 9TH AVE
City-St-Zip: HIGHLAND PARK, NJ 08904

Title: D () Delete
Name: KATZ, STEVEN
Address: 440 S MAIN STREET BRIAR RIDGE PLAZA
City-St-Zip: MILTOWN, NJ 08850

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILVAIN, BM
Address: 405 N REO STREET SUITE 300
City-St-Zip: TAMPA, FL 33609

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

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

Title: D () Change (X) Addition
Name: LEROUX, WAYNE
Address: 286 8TH AVE NORTH
City-St-Zip: TIERRA VERDE, FL 33715

Title: D () Change (X) Addition
Name: FRAPART, RANDALL J
Address: 835 BILL JONES INDUSTRIAL DRIVE
City-St-Zip: SPRINGFIELD, TN 37172

Title: VST () Change (X) Addition
Name: GIBSON, SUSAN BAXTER
Address: 405 NORTH REO STREET, SUITE 300
City-St-Zip: TAMPA, FL 33609

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: SUSAN BAXTER GIBSON

CFO

04/26/2007

Electronic Signature of Signing Officer or Director

Date