

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108773

FILED  
May 12, 2008  
Secretary of State

Entity Name: CARE UNLIMITED ASSOCIATES, INC.,

## Current Principal Place of Business:

1925 NE 45TH STREET SUITE 235  
FT LAUDERDALE, FL 33308

## New Principal Place of Business:

795 DEMOREST AVE.S  
LEHIGH ACRES, FL 33974

## Current Mailing Address:

1925 NE 45TH STREET SUITE 235  
FT LAUDERDALE, FL 33308

## New Mailing Address:

759 DEMOREST AVE . S  
LEHIGH ACRES, FL 33974

FEI Number: 45-0577621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MORRIS, LECRESHA  
759 DEMOREST AVE S  
LEHIGH ACRES, FL 33974 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MORRIS, LECRESHA  
Address: 759 DEMOREST AVE S  
City-St-Zip: LEHIGH ACRES, FL 33974

Title: VP ( ) Delete  
Name: KING, LECRESHA  
Address: 759 DEMOREST AVE S  
City-St-Zip: LEHIGH ACRES, FL 33974

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LECRESHA MORRIS

PRES

05/12/2008

Electronic Signature of Signing Officer or Director

Date