## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000073680

Entity Name: SOUND CARE, INC.

FILED Mar 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O MARK D. JOHNSON C/O MARK D. JOHNSON 164 CLEAR LAKE DR. 1720 S MCCALL RD STEH ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 **Current Mailing Address: New Mailing Address:** C/O MARK D. JOHNSON 164 CLEAR LAKE DR. ENGLEWOOD, FL 34223 FEI Number: 26-3134231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, MARK D 164 CLEAR LAKE DR ENGLEWOOD, FL 34223 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES () Delete Title: () Change () Addition JOHNSON, MARK D Name: Name: 164 CLEAR LAKE DR Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition JOHNSON, BRENDA K Name: Name: 164 CLEAR LAKE DR Address: Address: ENGLEWOOD, FL 34223 US City-St-Zip: 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: MARK D JOHNSON PRES 03/09/2009