

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000089528

FILED  
Apr 18, 2012  
Secretary of State

Entity Name: SALLY CARES, INC.

**Current Principal Place of Business:**

5865 HARRISON ROAD  
VENICE, FL 34293 US

**New Principal Place of Business:**

**Current Mailing Address:**

5865 HARRISON ROAD  
VENICE, FL 34293 US

**New Mailing Address:**

FEI Number: 45-3574228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THIMM, SALLY E  
5865 HARRISON ROAD  
VENICE, FL 34293 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

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: THIMM, SALLY E  
Address: 5865 HARRISON ROAD  
City-St-Zip: VENICE, FL 34293 US

Title: S, D  
Name: THIMM, SALLY E  
Address: 5865 HARRISON ROAD  
City-St-Zip: VENICE, FL 34293 US

I hereby 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 all other like empowered.

SIGNATURE: SALLY E. THIMM

P, T

04/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date