# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2006**
**Secretary of State**

DOCUMENT# P93000008830

**Entity Name:** CARE ELECTRIC, INC.

**Current Principal Place of Business:**

6020-C DEACON PL
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

6020-C DEACON PL
SARASOTA, FL 34238

**New Mailing Address:**

**FEI Number: 65-0395423** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

CARE, DARRIN J
6243 OLD RANCH RD
SARASOTA, FL 34241 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete
Name: CARE, DARRIN J
Address: 6243 OLD RANCH RD
City-St-Zip: SARASOTA, FL 34241

Title: T ( ) Delete
Name: CARE, TAMI
Address: 6243 OLD RANCH RD
City-St-Zip: SARASOTA, FL 34241

Title: S ( ) Delete
Name: CARE, CATHERINE
Address: 6020-C DEACON PL
City-St-Zip: SARASOTA, FL 34238

Title: VP ( ) Delete
Name: CARE, MANLON J
Address: 6020-C DEACON PL
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: DARRIN J CARE PSTD 01/16/2006

Electronic Signature of Signing Officer or Director Date