## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000053471

Entity Name: CLUB CARE, INC

FILED Jan 16, 2007 Secretary of State

Entity Name: OLOB OAN	CL, IIVO.			
Current Principal Place of Business:		New Principal Place of Business:		
1860 BOY SCOUT DRIVE SUITE 206B				
FORT MYERS, FL 33907	US			
Current Mailing Address:		New Mailing Address:		
1860 BOY SCOUT DRIVE SUITE 206B				
FORT MYERS, FL 33907	US			
FEI Number: 65-0592790	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Cu	rrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
ALLEN, W. LANCE 1806 ARDMORE ROAD FORT MYERS, FL 33901	US			
The above named entity su in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic	Signature of Registered Age	ent	Date	
Election Campaign Financing	Trust Fund Contribution ( ).			

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: (X) Change ( ) Addition ( ) Delete ALLEN, LANCE Name: ALLEN, W LANCE Name: 1806 ARDMORE ROAD 1806 ARDMORE ROAD Address: Address: City-St-Zip: FORT MYERS, FL 33901 US City-St-Zip: FORT MYERS, FL 33901 US

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: W LANCE ALLEN D 01/16/2007