2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# P95000065644

Entity Name: INDEPENDENT CARE GIVERS, INC.

Current Principal Place of Business:

8192 COLLEGE PARKWAY, S.W., STE. #3
SUITE #3
FT. MYERS, FL 33919 US

New Principal Place of Business:

8192 COLLEGE PARKWAY, S.W.,
SUITE A-2
FT. MYERS, FL 33919 US

Current Mailing Address:

8192 COLLEGE PARKWAY, S.W., STE. #3
SUITE #3
FT. MYERS, FL 33919 US

New Mailing Address:

8192 COLLEGE PARKWAY, S.W.,
SUITE A-2
FT. MYERS, FL 33919 US

FEI Number: 65-0457525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLEMAN, CARL J
2201 SECOND STREET, 5TH FLOOR
FT. MYERS, FL 33901 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: PSD ( ) Delete
Name: BALL, MARY E
Address: 8192 COLLEGE PARKWAY, S.W., STE. #3
City-St-Zip: FT. MYERS, FL 33919

Title: VTD ( ) Delete
Name: SCOTT, SUE
Address: 8192 COLLEGE PARKWAY, S.W., STE. #3
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: BALL, MARY E
Address: 8192 COLLEGE PARKWAY, S.W., STE. A-2
City-St-Zip: FT. MYERS, FL 33919

Title: VTD (X) Change ( ) Addition
Name: RACKOW, SUE S
Address: 8192 COLLEGE PARKWAY, S.W., STE. A-2
City-St-Zip: FT. MYERS, FL 33919

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: SUE SCOTT RACKOW VTD 04/24/2007

Electronic Signature of Signing Officer or Director Date