

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033282

Entity Name: CARE SPAN, INC.

FILED
Aug 17, 2007
Secretary of State

Current Principal Place of Business:

110 LONGWOOD AVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565002
MS 75
ROCKLEDGE, FL 329565002 US

New Mailing Address:

FEI Number: 59-3401464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, EMIL
110 LONGWOOD AVE
ROCKLEDGE, FL 32955 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: PD () Delete
Name: MILLER, EMIL
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: FAYER, GEORGE
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: EMIL MILLER

CEO

08/17/2007

Electronic Signature of Signing Officer or Director

Date