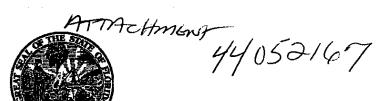
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 18, 2004 8:00 am Secretary of State DOCUMENT # P96000055792 08-18-2004 90006 034 ***150.00 1. Entity Name WE ELDERLY CARE, INC. Principal Place of Business Mailing Address 214 EAST STUART AVE LAKE WALES FL 33853 214 EAST STUART AVE LAKE WALES FL 33853 44052167 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State Applied For 59-3388182 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama - KINGSLEY, WILLIAM J -Street Address (P.O. Box Number is Not Acceptable) 495 COLEMAN ROAD BABSON PARK FL 33827 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it, Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVD TITLE Delete TITLE ☐ Change ■ Addition NAME KINGLSEY, LAURA NAME STREET ADDRESS 495 COLEMAN RD STREET ADDRESS LAKE WALES FL 33853 CITY-57-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KINGSLEY, WILLIAM J NAME NAME STREET ADORESS 495 COLEMAN ROAD STREET ADDRESS BABSON PARK FL 33827 CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete ☐ Chance ☐ Addition NAME ARMSTRONG, JAMES C STREET ADDRESS 925 CAMPBELL AVE STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition MALAC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Ωelete TITLE ☐ Channe ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIII.E☐ Delete TIRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 2.27.04

ANNO OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 3, 2004

WE ELDERLY CARE, INC. 214 EAST STUART AVE LAKE WALES, FL 33853 US

Subject: WE ELDERLY CARE, INC.

Reference Number:

P96000055792

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg ANNUAL REPORTS SECTION