2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2006
Secretary of State

DOCUMENT# P96000055792

Entity Name: WE ELDERLY CARE, INC.

Current Principal Place of Business:

214 EAST STUART AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

214 EAST STUART AVE
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 59-3388182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINGSLEY, WILLIAM J
495 COLEMAN ROAD
BABSON PARK, FL 33827 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: WILLIAM J KINGSLEY
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: KINGLSEY, LAURA
Address: 495 COLEMAN RD
City-St-Zip: LAKE WALES, FL 33853

Title: RA ( ) Delete
Name: KINGSLEY, WILLIAM J
Address: 495 COLEMAN ROAD
City-St-Zip: BABSON PARK, FL 33827

Title: STD ( ) Delete
Name: ARMSTRONG, JAMES C
Address: 925 CAMPBELL AVE
City-St-Zip: LAKE WALES, FL 33853

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:

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: LAURA KINGLSEY PVD 10/12/2006
Electronic Signature of Signing Officer or Director Date