

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061874

FILED
Apr 28, 2006
Secretary of State

Entity Name: WE CARE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

5180 W. ATLANTIC AVE
SUITE 123
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5180 W. ATLANTIC AVE
SUITE 123
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 65-0686314 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWMAN, STANLEY
5180 W. ATLANTIC AVE
SUITE 123
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

ARIOLI, EDWARD
5180 W. ATLANTIC AVE
SUITE 123
DELRAY BEACH, FL 33484 US

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: EDWARD ARIOLI 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NEWMAN, STANLEY S
Address: 7787 VILLA NOVA DR
City-St-Zip: BOCA RATON, FL 33433

Title: DIR (X) Delete
Name: NEWMAN, STANLEY
Address: 5180 W ATLANTIC AVEL STE 120
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FARNSWORTH, THEODORE
Address: 5180 W. ATLANTIC AVE, SUITE 123
City-St-Zip: DELRAY BEACH, FL 33484

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: THEODORE FARNSWORTH PD 04/28/2006

Electronic Signature of Signing Officer or Director Date