


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90030 043 \*\*\*150.00

**60015732**



<b>DOCUMENT # P96000101111</b>					
1. Entity Name A CARING MEDICAL SUPPLY CENTER, INC.					
Principal Place of Business 2695 N MILITARY TRAIL #20 WEST PALM BEACH, FL 33409 US			Mailing Address 2695 N MILITARY TRAIL #20 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business <b>SAME AS ABOVE.</b>			3. Mailing Address <b>SAME AS ABOVE.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0716310				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  AHMED, ABU N 1040 HOMEWOOD BLVD., APT. #L202 DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name: <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	AHMED, ABU N				
STREET ADDRESS	1040 HOMEWOOD BLVD., APT. #L202				
CITY - ST - ZIP	DELRAY BEACH, FL 33445				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	AHMED, MAHBUBA				
STREET ADDRESS	1040 HOMEWOOD BLVD., APT. #L202				
CITY - ST - ZIP	DELRAY BEACH, FL 33445				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ABU NASIR AHMED				
STREET ADDRESS	146 PONCE DE LEON STREET				
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411				
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAHBUBA AHMED				
STREET ADDRESS	146 PONCE DE LEON STREET				
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>ABU NASIR AHMED</u> (PRESIDENT) 2/11/06/583-2999. (561)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone: _____					