2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006
Secretary of State

DOCUMENT# P97000000884

Entity Name: CONTINUUM CARE SERVICES, INC.

Current Principal Place of Business:

PO BOX 550067
SUNRISE, FL 33355

New Principal Place of Business:

PO BOX 330868
MIAMI, FL 33233

Current Mailing Address:

PO BOX 550067
SUNRISE, FL 33355

New Mailing Address:

PO BOX 330868
MIAMI, FL 33233

FEI Number: 65-0730730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

BOMBART, ALLEN
PO BOX 330868
MIAMI, FL 33233 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: ALLEN BOMBART 08/17/2006
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: D ( ) Delete
Name: SEELY, RICHARD DR.
Address: 555 SW 10 TH AVENUE
City-St-Zip: SUNRISE, FL 33325

Title: S/D ( ) Delete
Name: FLEISCHER, FRED
Address: 555 SW 10 TH AVENUE
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MIRFIELD, STEVE DR.
Address: 555 SW 148 AVE
City-St-Zip: SUNRISE, FL 33325 US

Title: S/D (X) Change ( ) Addition
Name: FLEISCHER, FRED
Address: 555 SW 148 AVE
City-St-Zip: SUNRISE, FL 33325 US

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: STEVE MIRFIELD D 08/17/2006
Electronic Signature of Signing Officer or Director Date