2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 24, 2008 8:00 am Secretary of State

4/20/00

Daytime Phone #

Zip Country Sip Country 59-3436802 Not Apply St. Certificate of Status Desired S57.5 Additions Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, KWANG O 3201 S. DALE MABRY #107 TAMPA, FL 33629 Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature, hybed or prised name of registered agent and late if applicable. (InOTE: Registered Agent signature required when renatating) PATE FILE NOWIST FEE IS \$150.00 P. Election Campaign Financing S5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 MAKE SIREET ADDRESS STREET ADDRESS			7		T # P9700002887 IN CARE, INC.		1. Entity Nam
3201 S. DALE MABRY #107 TAMPA, FL 33629 3. Mailing Address Suite, Apt. #, etc. City & State City	CR2E034 (12/06)		7	Mailing Address	ess M	cioal Place of Busines	Principal Plac
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4172008 Chg-P CR2E034 (12/06) City & State City & State City & State Country Country Country Country St. Certificate of Status Desired \$8.75 Additions Fee Required Fee Required Fee Required Fee Required To Name and Address of New Registered Agent Name LEE, KWANG O 3201 S. DALE MABRY #107 TAMPA, FL 33629 City FL Zip Code Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code To Country City FL Zip Code 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 a contribution of registered agent. SIGNATURE FILE NOWITE FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE ITHE NAME LEE, KWANG O 3201 S. DALE MABRY #107 TAMPA, FL 33629 TO STREET ADDRESS SIREET ADDRESS S	CR2E034 (12/06)		,	3201 S. DALE MABRY #107	#107	1 S. DALE MABRY #	3201 S. DAL
City & State Country Country Country Country Country Country Country Street Address of New Registered Agent To Name and Address of New Registered Agent City Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code 8. The above named antity 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 a true obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 City State In ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MANK SIRET ADDRESS CITY-S1-ZIP TIME Delete In AMA SIRET ADDRESS CITY-S1-ZIP TIME Delete In LEE, KWANG O SIRET ADDRESS CITY-S1-ZIP TIME Delete In LEE Change Change Change City-S1-ZIP Change City-S1-ZIP TIME Delete In LEE Change City-S1-ZIP TIME Delete In LEE Change City-S1-ZIP TIME Delete Time Change City-S1-ZIP Time Delete Time Change City-S1-ZIP Time Change City-S1-ZIP Time Delete Time Change City-S1-ZIP Time City-S1-ZIP Time Change City-S1-ZIP Change City-S1-ZIP Change City-S1-ZIP City-S1-ZIP Time Change City-S1-ZIP	Applied For			J. Mailing Address	isiness - No P.O. Box # 3.	rincipal Place of Busi	2. Principal F
Zip Country Zip Country 59-3436802 State Agent State Desired Status Desired Statu				Suite, Apt. #, etc.		uite, Apt. #, etc.	Suite, Apt.
Street Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name City FL Zip Code	I luot Applicable			City & State		ity & State	City & Star
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	Registered Agent	7. Name and Address of New Registered Agent	Nome	jistered Agent	me and Address of Current Regi	6. Name	
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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and Life of applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE Delete ITILE NAME LEE, KWANG O 3201 S. DALE MABRY #107 TAMPA, FL 33629 TAMPA, FL 33629 TAMPA, FL 33629 TILE Delete ITILE Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP TILE NAME SIREET ADDRESS CITY-SI-ZIP TILE Delete ITILE Delete ITILE Change Change Change Change	ıle)	ress (P.O. Box Number is Not Acceptable)				1 S. DALE MAB	3201 S. D.
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TITLE		\$5.00 May Be Added to Fees					
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IffLE NAME NAME STREET ADDRESS CITY-S1-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 that my signature shall have the same legal effect as if made under oath; that I am an officer or direction.	Change Addition		NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	N S		T ADDRESS	NAME STREET ADDRESS