

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042992

Entity Name: KATHY'S CARE CENTER, INC.

FILED
Jul 11, 2006
Secretary of State

Current Principal Place of Business:

2926 BIG SKY BLVD
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

822 W. BRYAN ST
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-3441420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHRHART, KATHLEEN
2926 BIG SKY BLVD.
KISSIMMEE, FL 34744 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:

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: EHRHART, KATHLEEN
Address: 2926 BIG SKY BLVD.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: D () Delete
Name: EHRHART, WILLIAM
Address: 2926 BIG SKY BLVD.
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM T. EHRHART

D

07/11/2006

Electronic Signature of Signing Officer or Director

Date