

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90226 013 ***150.00

DOCUMENT # P97000056523

1. Entity Name
CARE UNLIMITED HEALTH CARE SERVICES INC.



Principal Place of Business Mailing Address

**1925 NE 45TH STREET #235
 FORT LAUDERDALE, FL 33308** **1925 NE 45TH STREET #235
 STE B
 FORT LAUDERDALE, FL 33308**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05102005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0850868 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORRIS, LECRESHA 4287 NW 57 DRIVE COCONUT CREEK, FL 33073		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<i>759 Demorest Ave Lehigh, FL 33936</i>		<i>LECRESHA MORRIS</i> <i>759 Demorest Ave</i> <i>Lehigh, FL 33936</i>	

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LECRESHA, MORRIS 5045 WILES ROAD, #10-305 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>LECRESHA MORRIS</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>759 Demorest Ave</i> <i>Lehigh, FL 33936</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHARMAINE, BACHAN 4287 NW 57 DRIVE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Charmaine Bachan</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1925 NE 45th St #4</i> <i>FT. LAUD, FL 33828</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LECRESHA, KING 4287 NW 57 DRIVE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>LECRESHA KING</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>759 Demorest Ave</i> <i>Lehigh, FL 33936</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *MORRIS LECRESHA MORRIS* Date: *MAY 10, 2005* Daytime Phone #: *954-771-7811*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR