2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P97000056523

Entity Name: CARE UNLIMITED HEALTH CARE SERVICES INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0850868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, LECRESHA
759 DEMOREST AVE
LEHIGH ACRES, FL 33936 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LECRESHA, MORRIS
Address: 759 DEMOREST AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP ( ) Delete
Name: CHARMAINE, BACHAN
Address: 1925 NE 45TH ST N
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S ( ) Delete
Name: LECRESHA, KING
Address: 759 DEMOREST AVE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LECRESHA, MORRIS
Address: 1925 NE 45TH ST N
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S (X) Change ( ) Addition
Name: LECRESHA, KING A
Address: 759 DEMOREST AVE
City-St-Zip: LEHIGH ACRES, FL 33936

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: LECRESHA MORRIS PRES 04/28/2006

Electronic Signature of Signing Officer or Director — Date