

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105072

FILED  
Sep 08, 2006  
Secretary of State

Entity Name: PERSONAL PEOPLE CARE, INC.

**Current Principal Place of Business:**

19564 SEA PINES WAY  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

19564 SEA PINES WAY  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 65-0800325      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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: PSTD      ( ) Delete  
Name: TOPPER, CAROLYN S  
Address: 19564 SEA PINES WAY  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CAROLYN S. TOPPER

PRES

09/08/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date