2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006
Secretary of State

DOCUMENT# P98000078759

Entity Name: MOTHER'S CARE DOULA SERVICES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1689 HIATUS RD STE 121 PEMBROKE PINES, FL 33026	2114 N. FLAMINGO ROAD STE 1261 PEMBROKE PINES, FL 33028

Current Mailing Address:	**New Mailing Address:**
1689 HIATUS RD STE 121 PEMBROKE PINES, FL 33026	2114 N. FLAMINGO ROAD STE 1261 PEMBROKE PINES, FL 33028

FEI Number: 65-0863117   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 333114132 US	

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D ( ) Delete	Title:	( ) Change ( ) Addition	
Name:	ROBINSON, MARLO D	Name:		
Address:	10930 TAFT ST.	Address:		
City-St-Zip:	PEMBROKE PINES, FL 33026	City-St-Zip:		
Title:	S ( ) Delete	Title:	( ) Change ( ) Addition	
Name:	HUBBARD, REDELL	Name:		
Address:	6237 SW 32ND ST	Address:		
City-St-Zip:	HOLLYWOOD, FL 33023	City-St-Zip:		
Title:	VP ( ) Delete	Title:	( ) Change ( ) Addition	
Name:	CHACON, ESSIE	Name:		
Address:	11100 SW 160 ST	Address:		
City-St-Zip:	MIAMI, FL 33157	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: MARLO ROBINSON   PRES   05/31/2006

Electronic Signature of Signing Officer or Director   Date