## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 14, 2007 08:00 All Secretary of State DOCUMENT # P99000036398 ANSWER TWO PRAYERS CARE MANAGEMENT, INC. Principal Place of Business Mailing Address 935 20TH AVENUE 935 20TH AVENUE VERO BEACH, FL 32960 VERO BEACH, FL 32960 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0912581 \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent MIONE, SUSAN K DO NOT WRITE 935 20TH AVENUE VERO BEACH, FL :32960 IN THIS SPACE 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MIONE, SUSAN K 935 20TH AVENUE STREET ADDRESS VERO BEACH, FL 32960 CITY+ST-ZIP TITLE U00000636094 02/26/07-80002-023 150.00 STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY - ST - ZIP

772 7942268

**FILED**