2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 18, 2005
Secretary of State

DOCUMENT# P99000098936

Entity Name: FAMILY CAREFREE HOUSE INC.

Current Principal Place of Business:

1875 ALLENDALE DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

1875 ALLENDALE DRIVE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3606937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELTON, RITA
1875 ALLENDALE DRIVE
CLEARWATER, FL 33760 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

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: SOBIK, IRENE
Address: 1875 ALLENDALE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: VP ( ) Delete
Name: ELTON, RITA
Address: 1875 ALLENDALE DR
City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: ELTON, RITA
Address: 1875 ALLENDALE DR
City-St-Zip: CLEARWATER, FL 33760

Title: V ( ) Change (X) Addition
Name: GAIL, NINA
Address: 1875 ALLENDALE DR
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NINA GAIL V 07/18/2005

Electronic Signature of Signing Officer or Director Date