2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# S95983

Entity Name: CARDINAL CARE, INC.

Current Principal Place of Business:

5310 NW 33RD AVE
STE 116
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

P.O. BOX 39864
FORT LAUDERDALE, FL 33339 US

Current Mailing Address:

5310 NW 33RD AVE
STE 116
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

P.O. BOX 39864
FORT LAUDERDALE, FL 33339 US

FEI Number: 65-0303800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTALVO, PATRICIA
5310 NW 33RD AVE
#116
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

MONTALVO, PATRICIA
P.O. BOX 39864
FORT LAUDERDALE, FL 33339 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: 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GUPTA, MAHENDRA
Address: 5310 NW 33RD AVE #116
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GUPTA, MAHENDRA
Address: P.O. BOX 39864
City-St-Zip: FORT LAUDERDALE, FL 33339

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: MAHENDRA GUPTA D 04/29/2005
Electronic Signature of Signing Officer or Director — Date