


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V21365**  
 1. Entity Name  
**PHONE CARE, INC.**



Principal Place of Business      Mailing Address  
 1195 ROYAL PALM BEACH BLVD      1195 ROYAL PALM BEACH  
 ROYAL PALM BEACH, FL 33411 US      ROYAL PALM BEACH, FL 33411 US



01152005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0322545**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 RAMSUBHAG, HARNARINE  
 12324 82ND LANE NORTH  
 W PALM BEACH, FL 33412

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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 Harry Ramsuhag      DATE 1-19-05  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	RAMSUBHAG, HARNARINE
STREET ADDRESS	12324 82ND LANE NORTH
CITY - ST - ZIP	W PALM BCH, FL
TITLE	D
NAME	RAMSUBHAG, HARNARINE
STREET ADDRESS	12324 82ND LANE NORTH
CITY - ST - ZIP	W PALM BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE Harry Ramsuhag      Date 1/19/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #