2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# V33943

Entity Name: CARE SOLUTIONS, INC.

Current Principal Place of Business:

200 W. WELBORNE AVENUE
SUITE 8
WINTER PARK, FL 32789 US

New Principal Place of Business:

1821 LEGION DRIVE
WINTER PARK, FL 32789 US

Current Mailing Address:

200 W. WELBORNE AVENUE
SUITE 8
WINTER PARK, FL 32789 US

New Mailing Address:

345 24TH AVENUE NORTH
SUITE 102
NASHVILLE, TN 37203 US

FEI Number: 59-3121117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, TIM
200 W. WELBORNE AVE.
STE 8
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

POWERS, TIM
1821 LEGION DRIVE
WINTER PARK, FL 32789 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: TIM POWERS 03/26/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POWERS, TIMOTHY J
Address: 200 W WELBORNE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: MILLER, ANDREW W
Address: 200 W WELBORNE AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POWERS, TIMOTHY J
Address: 1821 LEGION DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change ( ) Addition
Name: MILLER, ANDREW W
Address: 1821 LEGION DRIVE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY J. POWERS PRES 03/26/2008
Electronic Signature of Signing Officer or Director Date