

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45317

Entity Name: EMPATHY CARE, INC.

FILED
Jan 16, 2006
Secretary of State

Current Principal Place of Business:

141 NW 20TH ST
SUITE F5
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

141 NW 20TH ST
SUITE F5
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0341989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULDER, P. STEVEN
1405 SE 17TH TERRACE
DEERFIELD BEACH, FL 33441 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULDER, STEVEN
Address: 7300 DEL PRADO SOUTH
City-St-Zip: BOCA RATON, FL 33433 US

Title: V () Delete
Name: WOLFE, CAROL
Address: 9259 EDMONT LANE
City-St-Zip: BOCA RATON, FL 33431 US

Title: S () Delete
Name: OSBORN, GILDA
Address: 9587 OHIO PLACE
City-St-Zip: BOCA RATON, FL 33434 US

Title: T () Delete
Name: SMITH, CAROLE
Address: 1319 S.E. 14TH AVE.
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ERICA S. HEALEY

ADM.

01/16/2006

Electronic Signature of Signing Officer or Director

Date