


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000066504</b> 1. Entity Name IDEAL CARE NETWORK INC.	
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FILED

06 AUG 11 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 7944 S.W. 8TH ST. MIAMI, FL 33144	Mailing Address 7944 S.W. 8TH ST. MIAMI, FL 33144
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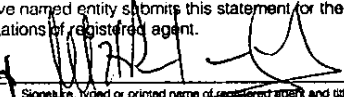


2. Principal Office of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

08102006	Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-3777703</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PALACIOS, MIGUEL H 7944 S.W. 8TH ST. MIAMI, FL 33144	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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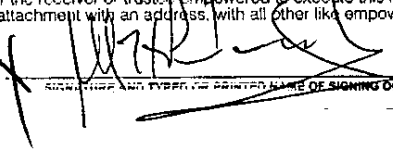
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	PALACIOS, MIGUEL H <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7944 S.W. 8TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	100078884971 08/18/06--01045--001 ***150.00
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, MIGUEL H	NAME	
STREET ADDRESS	7944 S.W. 8TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, MICHELLE C	NAME	
STREET ADDRESS	7944 S.W. 8TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, FRANCISCO	NAME	
STREET ADDRESS	7944 SW 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  \_\_\_\_\_

DATE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

K. Eckel AUG 11 2006