


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006836	
1. Entity Name HUMANICARE INTERNATIONAL, INC.	

Principal Place of Business 9 ELKINS ROAD EAST BRUNSWICK, NJ 08816	Mailing Address 9 ELKINS ROAD EAST BRUNSWICK, NJ 08816
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05212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2861616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GEGELYS, ANTHONY A 9 ELKINS ROAD EAST BRUNSWICK, NJ 08816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEGELYS, CHRIS 9 ELKINS ROAD EAST BRUNSWICK, NJ 08816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIVILICH, DANIEL M 9 ELKINS ROAD EAST BRUNSWICK, NJ 08816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUSTIN, ELAINE 9 ELKINS ROAD EAST BRUNSWICK, NJ 08816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUGAS, JAMES 9 ELKINS ROAD EAST BRUNSWICK, NJ 08816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/05/06-80005-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James M. Dugas JAMES M. DUGAS Controller 5/26/06 732-613-9000