

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2009-01-26** | Period of Report: **2009-01-15**
SEC Accession No. **0001144204-09-003404**

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ISSUER

ULTRA CARE INC

CIK: **1415605** | IRS No.: **980528421** | State of Incorporation: **NV** | Fiscal Year End: **1231**
SIC: **7361** Employment agencies

Mailing Address
*SUITE 800-5TH AVENUE
SEATTLE WA 98104*

Business Address
*SUITE 800-5TH AVENUE
SEATTLE WA 98104
206 224 3738*

REPORTING OWNER

Goh Cher Kian

CIK: **1453973**
Type: **3** | Act: **34** | File No.: **000-52945** | Film No.: **09545512**

Mailing Address
*BLK 151 ANG MO KIO AVE. 5
#09-3040
SINGAPORE U0 560151*

Business Address
65-96701838

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | |
|---|------------|
| OMB Number: | 3235-0104 |
| Expires: | 02/28/2011 |
| Estimated average burden hours per response | 0.5 |

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

| | | | | |
|--|--|--|--|---|
| 1. Name and Address of Reporting Person <u>Goh Cher Kian</u> (Last) (First) (Middle) <u>BLK 151 ANG MO KIO AVE. 5 #09-3040</u> (Street) <u>SINGAPORE, U0 560151</u> (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) <u>01/15/2009</u> | 3. Issuer Name and Ticker or Trading Symbol <u>ULTRA CARE INC [ULCA]</u> | | |
| | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <u>Pres, CEO, CFO, Sec & Treas</u> | | 5. If Amendment, Date Original Filed (Month/Day/Year) |
| | | 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person | | 6. Individual or Joint/Group Filing (Check applicable line) |
| | | | | |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| <u>Common Stock</u> | <u>1,200,000</u> | <u>D</u> | |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|---|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |
| | | | | | | | |

Signatures

/s/ Goh Cher Kian
 ** Signature of Reporting Person

01/23/2009
 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.