

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002592

FILED
Feb 24, 2010
Secretary of State

Entity Name: ACCELERATED CARE PLUS CORP.

Current Principal Place of Business:

4850 JOULE ST A-1
RENO, NV 89502

New Principal Place of Business:

Current Mailing Address:

4850 JOULE ST A-1
RENO, NV 89502

New Mailing Address:

FEI Number: 36-4331609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: BEACH, JOHN
Address: 4850 JOULE ST STE A1
City-St-Zip: RENO, NV 89502

Title: S
Name: BEACH, CURTIS
Address: 4850 JOULE ST STE A1
City-St-Zip: RENO, NV 89502

Title: T
Name: RICKETTS, ANTONY
Address: 4850 JOULE ST STE A1
City-St-Zip: RENO, NV 89502

Title: D
Name: PRIDDY, ROBERT
Address: 4850 JOULE ST STE A1
City-St-Zip: RENO, NV 89502

I hereby 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 all other like empowered.

SIGNATURE: ANTONY RICKETTS

T

02/24/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date