

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000009592

FILED
Apr 30, 2009
Secretary of State

Entity Name: SENIOR ASSIST HOMECARE CONSULTANTS, INC

Current Principal Place of Business:

4520 LASALLE AVE S
ST CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4520 LASALLE AVE S
ST CLOUD, FL 34772

New Mailing Address:

FEI Number: 20-8373968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNS, DIANE J
4520 LASALLE AVE S
ST CLOUD, FL 34772 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: DPS () Delete
Name: DEAGLE, DAVID A
Address: 156 RIVERS EDGE WAY
City-St-Zip: GAHANNA, OH 43230

Title: DVT () Delete
Name: BRUNS, THOMAS L
Address: 4520 LASALLE S
City-St-Zip: ST. CLOUD, FL 34772

Title: TR () Delete
Name: BRUNS, DIANE J
Address: 4520 LA SALLE AVE SOUTH
City-St-Zip: ST. CLOUD, FL 34772

Title: ST () Delete
Name: DEAGLE, KATHERINE
Address: 156 RIVERS EDGE WAY
City-St-Zip: GAHANNA, OH 43230

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 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: DIANE BRUNS

ST

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date