


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90048 045 ****61.25

DOCUMENT # F00000007244		
1. Entity Name WESTCARE FOUNDATION, INC.		
Principal Place of Business 900 GRIER DRIVE LAS VEGAS, NV 89119		Mailing Address PO BOX 94738 LAS VEGAS, NV 89193

40011930



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01262007 Chg-NP CR2E037 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 86-0852629 Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD, SUITE 101 TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

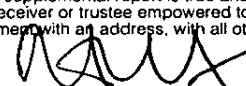
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINBERG, RICHARD 900 GRIER DRIVE LAS VEGAS, NV 89119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, BILL 7820 RAMBLEWOOD AVE LAS VEGAS NV 89128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CASSINGER, MARY 2950 S INDUSTRIAL ROAD LAS VEGAS, NV 89109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BREWER, MARY 2950 S INDUSTRIAL ROAD LAS VEGAS NV 89109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, TEX 404 LEICHANN ROAD HENDERSON, NV 89015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, TEX 404 LEIGHANN ROAD LAS VEGAS NV 89105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS VENTRELLA, PETER 900 GRIER DRIVE LAS VEGAS, NV 89119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JOHN T. JR. 630 S 4TH ST LAS VEGAS NV 89101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DICK 11584 GLOWING SUNSET LAS VEGAS, NV 89135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THOMAS, DICK 11584 GLOWING SUNSET LAS VEGAS NV 89135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WADHAMS, JIM 3773 HOWARD HUGES PKWY 3RD FL SOUTH LAS VEGAS, NV 89109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, BILL 820 E BEALE STREET KINGMAN AZ 86442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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:  **Peter Ventrella** CEO 1/26/07 (702) 385-2090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40011930

Document # F00000007244
WestCare Foundation, Inc.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN # 10 (CONTINUED)

D (ADDITION)
MAPES, LYNN
345 14TH STREET
KEY COLONY BEACH, FL 33051

D (ADDITION)
THOMAS, KEITH
5893 PASSING BREEZE COURT
LAS VEGAS, NV 89118

D (ADDITION)
BROWER, MAUREEN
1600 VALLEY VIEW BLVD. #1046
LAS VEGAS, NV 89102

D (ADDITION)
WAKIMOTO, LOIS
1590 CAMINO COURT
BULLHEAD CITY, AZ 86442

D (ADDITION)
EKSTROM, BILL
1516 S PALOMA BLANCA PL
KINGMAN, AZ 86401

D (ADDITION)
STREAT, TOUSSAINT M.D.
2071 HERNDON
CLOVIS, CA 93611

D (ADDITION)
WALLACE, JOHN
241 ELM AVE
CLOVIS, CA 93612

D (ADDITION)
TAYLOR, JUDGE WALLACE
135 FOREST HILL DRIVE
IRVINE, KY 40336

D (ADDITION)
JOHNSON, ANITA
P.O. BOX 231
PIKEVILLE, KY 41502

D (ADDITION)
BROWER, MAUREEN
1600 VALLEY VIEW BLVD. #1046
LAS VEGAS, NV 89102

D (ADDITION)
WALSH, THOMAS
180 28TH AVENUE NORTH
ST. PETERSBURG, FL 33704

D (ADDITION)
BOAZMANN, DERRICK
1860 BOND DRIVE
ATLANTA, GA 30315

D (ADDITION)
ZUCCA, PAUL
660 DELMAR AVENUE
ATLANTA, GA 30312