

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000157554

FILED
May 07, 2008
Secretary of State

Entity Name: ADVANCED LACTATION CARE, INC.

Current Principal Place of Business:

50 AEGEAN AVENUE
TAMPA, FL 336063310 US

New Principal Place of Business:

205 S. DALE MABRY HIGHWAY
#105
TAMPA, FL 336092820 US

Current Mailing Address:

50 AEGEAN AVENUE
TAMPA, FL 336063310 US

New Mailing Address:

205 S. DALE MABRY HIGHWAY
#105
TAMPA, FL 336092820 US

FEI Number: 20-8134130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERT, DEBORAH G PRES.
50 AEGEAN AVENUE
TAMPA, FL 336063310 US

Name and Address of New Registered Agent:

ALBERT, DEBORAH G PRES.
205 S. DALE MABRY HIGHWAY
#105
TAMPA, FL 336092820 US

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: _____

05/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ALBERT, DEBORAH A PRES
Address: 50 AEGEAN AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ALBERT, DEBORAH G PRES
Address: 205 S. DALE MABRY HIGHWAY, #205
City-St-Zip: TAMPA, FL 336092820 US

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: DEBORAH G. ALBERT

PRES

05/07/2008

Electronic Signature of Signing Officer or Director

Date