
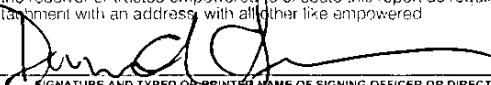


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 042 ***150.00

DOCUMENT # F02000004898 1. Entity Name THE ELDERCARE COMPANIES, INC.					
Principal Place of Business 3440 HOLLYWOOD BLVD STE. 415 HOLLYWOOD, FL 33021			Mailing Address P.O. BOX 427 NEW EGYPT, NJ 08533-0427		
2. Principal Place of Business - No P.O. Box # 1250 E. HALLANDALE BCH, BLVD. Suite, Apt. #, etc. SUITE 806		3. Mailing Address Suite, Apt. #, etc. City & State HALLANDALE BCH, FL Zip 33009 Country USA			
4. FEI Number 22-3535469		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (IND. F. Re-issues: 1 Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PCST SCHWARTZ, DAVID C 3440 HOLLYWOOD BLVD., STE. 415 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	CHANGE TO PRINCIPAL ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	DV SMITH, PAULA 3440 HOLLYWOOD BLVD., STE 415 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	CHANGE TO PRINCIPAL ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 607, 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: 			4/17/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		