2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006093

Entity Name: PLEASANT CARE, INC.

KURE BEACH, NC 28449

City-St-Zip:

FILED Jan 06, 2009 Secretary of State

Ellilly Nai	IIIe: PLEASAI	NT CARE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
206 K AVE KURE BEA	ENUE ACH, NC 2844	19			
Current Mailing Address:			New Mailing Address:		
PO BOX 1 KURE BEA	49 ACH, NC 2844	19			
FEI Number	: 56-1057313	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	current Registered Agent:	Name and Address o	f New Registered Agent:	
2101 WES	ROBERT S E ST COMMERC JDERDALE, FI	AL BLVD., STE. 4100			
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST () EAKES, DORIS PO BOX 149 KURE BEACH,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	C () EAKES, DORIS PO BOX 149	Delete W	Title: Name: Address:	() Change () Addition	

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: SUSAN W. STEVENSON SEC 01/06/2009