## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005235

Entity Name: LIFE MASTERS SUPPORTED SELF CARE, INC.

FILED Mar 14, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5000 SHORELINE COURT, SUITE 300 SOUTH SAN FRANCISCO, CA 94080							
Current Mailing Address:				New Mailing Address:			
15635 ALTON PARKAWAY, SUITE 400 ATTN: BETSY CHRISTIE IRVINE, CA 92618			15635 ALTON PARKWAY, SUITE 400 ATTN: BETSY CHRISTIE IRVINE, CA 92618				
FEI Number:	mber: 94-3206428 FEI Number Applied For ( ) FEI Nu		FEI Nun	nber Not Applicable ( ) Certificate of Status Desired ( )		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name					ame and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:							
	Electronic	Signature of Registered Agent	t			Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address:	STRAND, DAVID 5000 SHORELINI SOUTH SAN FRA CFO () D MORRIS, DEBRA	E COURT, SUITE 300 NCISCO, CA 94080 Delete		Title: Name: Address: City-St-Zip: Title: Name: Address:	STRAND, DAVID 5000 SHORELIN SOUTH SAN FRA	Change ( ) Addition R E COURT, SUITE 300 ANCISCO, CA 94080 Change ( ) Addition	
City-St-Zip:	IRVINE, CA 926°	18		City-St-Zip:			
Title: Name: Address: City-St-Zip:	HIGGINS, KENNE	STREET, SUITE 1390		Title: Name: Address: City-St-Zip:	CROUCH, LAYTO	BOULEVARD, SUITE 244	
Title: Name: Address: City-St-Zip:	LAVIGNE, LOUIS	PPY VALLEY ROAD		Title: Name: Address: City-St-Zip:	HIGGINS, KENNI	H STREET, SUITE 1390	
Title: Name: Address: City-St-Zip:	SELECKY, CHRI	RKWAY, SUITE 400		Title: Name: Address: City-St-Zip:	( ) (	Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E SNYDERMAN, RA DUMC BOX 3059 DURHAM, NC 27	1		Title: Name: Address: City-St-Zip:	( ) (	Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA L. MORRIS CFO 03/14/2007