2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# N05000001549

Entity Name: ADULT HOME CARE VILLA, INC.

Current Principal Place of Business:

4760 8TH AVE S
ST PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4760 8TH AVE S
ST PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 75-3183292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANUKONDA, ESMERALDA
4760 8TH AVE S
ST PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MANUKONDA, ESMERALDA
Address: 4760 8TH AVE S
City-St-Zip: ST PETERSBURG, FL 33711

Title: V ( ) Delete
Name: MANUKONDA, VANAJA
Address: 4760 8TH AVE S
City-St-Zip: ST PETERSBURG, FL 33711

Title: D ( ) Delete
Name: MANUKONDA, JESSON
Address: 4760 8TH AVE S
City-St-Zip: ST PETERSBURG, FL 33711

Title: D ( ) Delete
Name: MANUKONDA, JOHN
Address: 4760 8TH AVE S
City-St-Zip: ST PETERSBURG, FL 33711

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MANUKONDA, JOHN
Address: 4760 8TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: D (X) Change ( ) Addition
Name: MEDIDI, PADMAJA
Address: 4760 8TH AVE S
City-St-Zip: ST PETERSBURG, FL 33711

Title: D (X) Change ( ) Addition
Name: JILLAPALLI, NEERAJA
Address: 4760 8TH AVE S
City-St-Zip: ST PETERSBURG, FL 33711

Title: D ( ) Change (X) Addition
Name: MIGUEL, RIVERA
Address: 4760 8TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESMERALDA MANUKONDA P 02/01/2007

Electronic Signature of Signing Officer or Director — Date