2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# N40527

Entity Name: COMPREHENSIVE PERSONAL CARE SERVICES, INC.

Current Principal Place of Business:

8525 NW 53 TERR
STE 210
MIAMI, FL 331667904

New Principal Place of Business:

Current Mailing Address:

8525 NW 53 TERR
STE 210
MIAMI, FL 331667904

New Mailing Address:

FEI Number: 65-0222729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DESPAIGNE, CECILIA
8525 NNW 53 TERR
STE 210
MIAMI, FL 33166 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:	PD	( ) Delete
Name:	KORY, JOYCE	
Address:	200 ALHAMBRA CIR 8TH FL	
City-St-Zip:	MIAMI, FL 33134	
Title:	VPD	( ) Delete
Name:	SWAN, MICHEAL	
Address:	2701 LE JEUNE RD STE 340	
City-St-Zip:	MIAMI, FL 33134	
Title:	S	( ) Delete
Name:	TRUSTY, CANDIS	
Address:	2 DATRAN CENTER STE 1225	
City-St-Zip:	MIAMI, FL 33156	
Title:	T	( ) Delete
Name:	CASH, DAVID	
Address:	2305 SW 183 TERR	
City-St-Zip:	MIRAMAR, FL 33029	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	STEINBERG, PAUL	
Address:	767 ARTHUR GODFREY ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: CECILIA DESPAIGNE DIR 03/14/2007

Electronic Signature of Signing Officer or Director — Date