

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053329

FILED
Jan 21, 2008
Secretary of State

Entity Name: ACTIVE CARE NURSING SERVICES, INC.

Current Principal Place of Business:

7880 W. OAKLAND PARK BLVD.
SUITE 204
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

7880 W. OAKLAND PARK BLVD.
SUITE 204
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1116642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAMES, GLENNETT
7880 W. OAKLAND PARK BLVD.
SUITE 204
SUNRISE, FL 33351 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAMES, GLENNETT
Address: 7880 W OAKLAND PARK BLVD #204
City-St-Zip: SUNRISE, FL 33351

Title: VT () Delete
Name: JAMES, CRAIG
Address: 7880 W OAKLAND PARK BLVD #204
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: JAMES, SANCIA
Address: 7880 W OAKLAND PARK BLVD #204
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: MAYLOR, SANCIA
Address: 7880 W OAKLAND PARK BLVD #204
City-St-Zip: SUNRISE, FL 33351

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: GLENNETT JAMES

PD

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date