

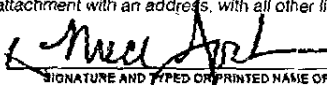


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000014181 1. Entity Name ADULT CARE HOUSING, INC.			
Principal Place of Business 1762 72ND AVE NE ST. PETERSBURG, FL 33702		Mailing Address 1762 72ND AVE NE ST. PETERSBURG, FL 33702	
DO NOT WRITE IN THIS SPACE		 04052006 No Chg-P CR2E034 (11/05)	
4. FEI Number 37-1428773		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOCHIMS, NIECE R 1762 72ND AVE NE SAINT PETERSBURG, FL 33702		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000506103 04/27/06-00010-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOCHIMS, NIECE R 1762 72ND AVE NE ST. PETERSBURG, FL 33702	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/15/06 127 526 0816	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	