

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012244

Entity Name: BETTER CARE SERVICES, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

11611 100TH STREET SOUTH
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

11611 100TH STREET SOUTH
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 05-0559662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURDY JOLLY & GIUFFREDA, P.A.
C/O RICHARD A GIUFFREDA, ESQ
1322 SE 3RD AVENUE
FT LAUDERDALE, FL 33316 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: D () Delete
Name: ANGOVE, JUDY
Address: 812 NW 29TH COURT
City-St-Zip: WILTON MANORS, FL 33311

Title: D () Delete
Name: VANDERVOORT, JOSEPH N
Address: 5711 NW 40TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: JOSEPH N VANDERVOORT

D

04/18/2005

Electronic Signature of Signing Officer or Director

Date