

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055815

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ALTERNATIVE CARE STAFFING, INC.

## Current Principal Place of Business:

100 3RD AVE WEST .  
BRADENTON, FL 34205

## New Principal Place of Business:

100 3RD AVE WEST .  
#111  
BRADENTON, FL 34205

## Current Mailing Address:

P.O. BOX #331  
BRADENTON, FL 34206

## New Mailing Address:

P.O. BOX #1290  
BRADENTON, FL 34206

FEI Number: 86-1070933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KANE-ROWE, JOYCE A  
100 3RD AVE WEST  
BRADENTON, FL 34205 US

## Name and Address of New Registered Agent:

KANE-ROWE, JOYCE A  
100 3RD AVE WEST  
#111  
BRADENTON, FL 34205 US

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:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KANE-ROWE, JOYCE A  
Address: 3501 CORTEZ RD. W. 2A  
City-St-Zip: BRADENTON, FL 34210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KANE-ROWE, JOYCE A  
Address: 100 3RD AVENUE WEST #111  
City-St-Zip: BRADENTON, FL 34205

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: JOYCE KANE-ROWE

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date