

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068456

FILED
Feb 06, 2007
Secretary of State

Entity Name: FIRST CARE HOME SERVICES, INC.

Current Principal Place of Business:

2040 NE 163RD ST SUITE 303
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640342
MIAMI, FL 33164

New Mailing Address:

FEI Number: 57-1173645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEAN, LISIA
5243 ALTON ROAD
MIAMI BEACH, FL 33140 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: P () Delete
Name: MCLEAN, LISIA
Address: 5243 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: V () Delete
Name: MCLEAN, CLAUDIA
Address: 5243 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: MCLEAN, DIANA
Address: 5243 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Delete
Name: MCLEAN, KERRYANN
Address: 5243 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/S (X) Change () Addition
Name: MCLEAN, DIANA
Address: 5243 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA MCLEAN

V

02/06/2007

Electronic Signature of Signing Officer or Director

Date