2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P03000068456

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

Title: D ( ) Delete
Name: MCLEAN, KERRYANN
Address: 2040 NE 163RD ST STE 303
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 VP 03/27/2009
Electronic Signature of Signing Officer or Director Date