

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071168

Entity Name: MY COMPLETE CARE, INC.

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

900 WEST AVE.
SUITE 1237
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

900 WEST AVE.
SUITE 1237
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 33-1063321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARVELO, EDGAR
900 WEST AVE.
SUITE 1237
MIAMI BEACH, FL 33139 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: CEO () Delete
Name: ARVELO, EDGAR
Address: 900 WEST AVE., SUITE 1237
City-St-Zip: MIAMI BEACH, FL 33139

Title: COO () Delete
Name: ARDITO, JOSEPH
Address: 5851 HOLMBERG ROAD, SUITE 2216
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: COO (X) Change () Addition
Name: ARDITO, JOSEPH
Address: 5851 HOLMBERG ROAD, SUITE 3011
City-St-Zip: PARKLAND, FL 33067

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: EDGAR ARVELO

CEO

01/29/2007

Electronic Signature of Signing Officer or Director

Date