## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # P03000115105  1. Entity Name LIGHTBROWN COMMUNITY CARE, INC.						04-18-2008	90037 032	3 ***15	0.00	
Principal Plac	e of Business	Mailing Address			1 .					
2808 JUANITA AVE FORT PIERCE, FL 34946		2808 JUANITA AVE FORT PIERCE, FL 34946								
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01122008	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Numb				plied For t Applicable	
Zip	Country Zip		Coun	untry  5. Certificate of Status Desired   \$8.75 Additive Fee Required						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
					NAME MATTE ARMSTROWD					
LIGHTBROWN, ERICA 2808 JUANITA AVE					ress (P.O. Box Number is Not Acceptable)					
FOR I PIE	RCE, FL 34946		ВООД	<u> </u>	, , , , , , , , , , , , , , , , , , , ,					
•	,		City Feat	P.e.	·	FL	Zip Code	346		
8. The above	named entity submits this statement for	ir the purpose of changing its	registere							
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent.										
SIGNATURE Malke ( It looking										
	Signature, typed or printed name of registered agent	and title applicable. (NOT)	: Registerei	d Agent signature required	d when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND	DIRECTORS		ADDITIONS	/CHANGES TO OFF	ICERS AND DI	RECTORS	IN 11		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes I furtifier certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: CUC JAMES						ul.das	(דד)	) uld	n-met	
SIGNAL	UKC	JU/ / 1				111760	(1)	1 100	/ 2010	

Light brown, President

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