

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042981

FILED  
Feb 13, 2007  
Secretary of State

Entity Name: MOWATT'S ADULT FAMILY CARE HOME INC.

**Current Principal Place of Business:**

1510 SW 68TH AVENUE  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

1510 SW 68TH AVENUE  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 84-1640398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

MOWATT, PRISCILLA A VP  
1510 S.W. 68TH AVENUE  
NORTH LAUDERDALE, FL 33068 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: PRISCILLA MOWATT

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MOWATT, DALE  
Address: 1510 SW 68TH AVENUE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VD ( ) Delete  
Name: MOWATT, PRISCILLA  
Address: 1510 SW 68TH AVENUE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: MOWATT, PRISCILLA  
Address: 1510 SW 68TH AVENUE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: PRISCILLA MOWATT

VP

02/13/2007

Electronic Signature of Signing Officer or Director

Date