

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049154

Entity Name: CIRBUS CARE, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

1322 N. PINE HILLS RD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

P O BOX 585297
ORLANDO, FL 32858

New Mailing Address:

FEI Number: 20-0883059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALI, DANI S
2277 LAKEVILLE RD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

ALI, DANI S
2484 SAN TECLA ST
407
ORLANDO, FL 32835 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: DANI S ALI

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALI, DANI S
Address: 2277 LAKEVILLE RD
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALI, DANI S
Address: 2484 SAN TECLA ST # 407
City-St-Zip: ORLANDO, FL 32835

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: DANI S ALI

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date