2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000053570

Entity Name: A CAREER IN HEALTHCARE, INC.

Current Principal Place of Business:

15727 BEREA DR
ODESSA, FL 33556

New Principal Place of Business:

317 NE 36TH AVE
OCALA, FL 34470

Current Mailing Address:

15727 BEREA DR
ODESSA, FL 33556

New Mailing Address:

PO BOX 340625
TAMPA, FL 33694

FEI Number: 30-0239772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, BRANDON C
15272 BEREA DR
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

ADAMS, BRANDON C
PO BOX 340625
TAMPA, FL 33694 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: BRANDON C ADAMS 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ADAMS, BRANDON C
Address: 15272 BEREA DR
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: ADAMS, J. CARL
Address: 15272 BEREA DR
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: ADAMS, ERIN K
Address: 15272 BEREA DR
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: ADAMS, BENJAMIN L
Address: 15272 BEREA DR
City-St-Zip: ODESSA, FL 33556

Title: D (X) Delete
Name: WHANN, ROY
Address: 15272 BEREA DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ADAMS, BRANDON C
Address: PO BOX 340625
City-St-Zip: TAMPA, FL 33694

Title: D (X) Change ( ) Addition
Name: ADAMS, J. CARL
Address: PO BOX 340625
City-St-Zip: TAMPA, FL 33694

Title: D (X) Change ( ) Addition
Name: ADAMS, ERIN K
Address: PO BOX 340625
City-St-Zip: TAMPA, FL 33694

Title: D (X) Change ( ) Addition
Name: ADAMS, BENJAMIN L
Address: PO BOX 340625
City-St-Zip: TAMPA, FL 33694

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRANDON C. ADAMS PRES 04/29/2005
Electronic Signature of Signing Officer or Director Date