

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056932

Entity Name: KELLY'S ANGELS ELDER CARE, INC.

FILED  
Feb 18, 2005  
Secretary of State

## Current Principal Place of Business:

9300 COVE POINT CIR.  
BOYNTON BCH, FL 33437

## New Principal Place of Business:

5499 N. FEDERAL HWY  
SUITE #B  
BOCA RATON, FL 33487

## Current Mailing Address:

9300 COVE POINT CIR.  
BOYNTON BCH, FL 33437

## New Mailing Address:

5499 N. FEDERAL HWY.  
SUITE #B  
BOCA RATON, FL 33487

FEI Number: 84-1642732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDERMOTT, KELLY  
9300 COVE POINT CIR.  
BOYNTON BCH, FL 33437 US

## Name and Address of New Registered Agent:

MCDERMOTT, KELLY S RN BSN  
9300 COVE POINT CIR.  
BOYNTON BCH, FL 33437 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: KELLY S. MCDERMOTT, RN BSN

02/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: MCDERMOTT, KELLY  
Address: 9300 COVE POINT CIR.  
City-St-Zip: BOYNTON BCH, FL 33437

Title: VSD ( ) Delete  
Name: MCDERMOTT, JOHN  
Address: 9300 COVE POINT CIR.  
City-St-Zip: BOYNTON BCH, FL 33437

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KELLY S. MCDERMOTT, RN BSN

PDT

02/18/2005

Electronic Signature of Signing Officer or Director

Date