2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P04000056932

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

Current Principal Place of Business:

7700 CONGRESS AVENUE
SUITE #1132
BOCA RATON, FL 33487

New Principal Place of Business:

340 CONNISTON ROAD
WEST PALM BEACH, FL 33405

Current Mailing Address:

7700 CONGRESS AVENUE
SUITE #1132
BOCA RATON, FL 33487

New Mailing Address:

340 CONNISTON ROAD
WEST PALM BEACH, FL 33405

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 S RN BSN
9300 COVE POINT CIR.
BOYNTON BCH, FL 33437 US

Name and Address of New Registered Agent:

MCDERMOTT, KELLY S RN BSN
340 CONNISTON ROAD
WEST PALM BEACH, FL 33405 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: 03/27/2009
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: PDT (X) Change ( ) Addition
Name: MCDERMOTT, KELLY
Address: 340 CONNISTON ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

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

I hereby certify that the information supplied with this filing does not qualify 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: KELLY S. MCDERMOTT, RN. BSN PDT 03/27/2009
Electronic Signature of Signing Officer or Director — Date