

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112327

Entity Name: ACECARE, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

575-A N HWY 17-92
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

575-A N HWY 17-92
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 41-2145589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C WALKER & ASSOCIATES, LLC
307 SPRINGVIEW DRIVE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FAMIL, ANGELA
Address: 400 COVE RIDGE COURT
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP () Delete
Name: SOOUDI, FAROUKH
Address: 229 SHADOW BAY DR
City-St-Zip: ORLANDO, FL 32825 US

Title: S (X) Delete
Name: SOOUDI, FAROUKH
Address: 229 SHADOW BAY DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: FAMILMOHAMMADI, NASSER
Address: 400 COVE RIDGE COURT
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAMIL, NINA
Address: 575A N HWY 17-92
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP (X) Change () Addition
Name: SOOUDI, FAROUKH
Address: 575A N HWY 1792
City-St-Zip: LONGWOOD, FL 32750 US

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

Title: T/S (X) Change () Addition
Name: FAMIL, NINA
Address: 575A N HWY 17-92
City-St-Zip: LONGWOOD, FL 32750 US

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: NINA FAMIL

PRES

04/18/2006

Electronic Signature of Signing Officer or Director

Date