## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014833

Entity Name: NEVER ALONE HOME CARE, INC.

FILED Mar 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

801 INTERNATIONAL PARKWAY 5TH FLOOR LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

197 WIMBLEDON CIR
LAKE MARY, FL 32746

1480 TRAVERTINE TERRACE
SANFORD, FL 32771

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARK, VERA F
197 WIMBLEDON CIR
LAKE MARY, FL 32746 US

CLARK, VERA F
1480 TRAVERTINE TERRACE
SANFORD, FL 32771 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: 03/02/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: VP (X) Change () Addition

 Name:
 CLARK, JASON L
 Name:
 MCCOOL, DENNIS L

 Address:
 329 STONEHURST PARKWAY
 Address:
 1480 TRAVERTINE TERRACE

City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: SANFORD, FL 32771

Title: CEOP ( ) Delete Title: PRES (X) Change ( ) Addition Name: CLARK, VERA F Name: CLARK, VERA F

Name:CLARK, VERA FName:CLARK, VERA FAddress:197 WIMBLEDON CIRAddress:197 WIMBLEDON CIRCity-St-Zip:LAKE MARY, FL 32746City-St-Zip:LAKE MARY, FL 32746

 Name:
 CLARK, DONALD L
 Name:
 MCCOOL, DENNIS L

 Address:
 1535 DRURY CT.
 Address:
 1480 TRAVERTINE TERRACE

 City-St-Zip:
 ST. AUGUSTINE, FL 32092
 City-St-Zip:
 SANFORD, FL 32771

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: DENNIS L. MCCOOL VP 03/02/2006