

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038188

FILED
May 01, 2006
Secretary of State

Entity Name: ALL CARE HEALTH & HUMAN SERVICES, INC

Current Principal Place of Business:

3364 SW CRESTVIEW RD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3364 SW CRESTVIEW RD
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 34-2040873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, PATRICIA I
3364 SW CRESTVIEW RD
PORT ST. LUCIE, FL 34953 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, PATRICIA I
Address: 3364 SW CRESTVIEW RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S () Delete
Name: WILLIAMS, PATRICIA I
Address: 3364 SW CRESTVIEW RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T () Delete
Name: WILLIAMS, PATRICIA I
Address: 3364 SW CRESTVIEW RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: WILLIAMS, PATRICIA I
Address: 3364 SW CRESTVIEW RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S,T (X) Change () Addition
Name: WILLIAMS, PATRICIA I
Address: 3364 SW CRESTVIEW RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: A (X) Change () Addition
Name: WILLIAMS, PATRICIA I
Address: 3364 SW CRESTVIEW RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: AD () Change (X) Addition
Name: GRAEFF, GINETTE
Address: 3364 SW CRESTVIEW RD
City-St-Zip: PORT ST. LUCIE, FL 34953

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: PATRICIA WILLIAMS

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date