

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039303

Entity Name: WESTON DIRECT CARE, INC.

FILED  
Jul 03, 2006  
Secretary of State

## Current Principal Place of Business:

4111 CINNAMON WAY  
WESTON, FL 33331

## New Principal Place of Business:

12515 ORANGE DRIVE  
SUITE 807  
DAVIE, FL 33330

## Current Mailing Address:

4111 CINNAMON WAY  
WESTON, FL 33331

## New Mailing Address:

12515 ORANGE DRIVE  
SUITE 807  
DAVIE, FL 33330

FEI Number: 81-0667696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORDI, BENJAMIN  
4111 CINNAMON WAY  
WESTON, FL 33331 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: PCEO ( ) Delete  
Name: ARUGA, ZATUNA  
Address: 4111 CINNAMON WAY  
City-St-Zip: WESTON, FL 33331

Title: COO ( ) Delete  
Name: MORDI, BENJAMIN  
Address: 4111 CINNAMON WAY  
City-St-Zip: WESTON, FL 33331

Title: CHRM (X) Delete  
Name: KOLEOSHO, ADEWALE  
Address: 4925 WEST SHAKOPEE RD.  
City-St-Zip: BLOOMINGTON, MN 55347

Title: CHRM (X) Delete  
Name: BRAIH, SONNIE  
Address: 4912-53RD AVENUE NORTH  
City-St-Zip: MINNEAPOLIS, MN 55429

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: ARUGU, ZETUNA  
Address: 4111 CINNAMON WAY  
City-St-Zip: WESTON, FL 33331

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

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 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: ZETUNA ARUGU

PCEO

07/03/2006

Electronic Signature of Signing Officer or Director

Date