2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052168

Entity Name: MUNROE RESIDENTIAL & COMMERCIAL CARE, INC.

FILED Sep 05, 2007 Secretary of State

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

5508 RED BONE LANE ORLANDO, FL 32810 US

Current Mailing Address: New Mailing Address:

P.O. BOX 585519 1514 MAUREEN AVE ORLANDO, FL 32858 US 0COEE, FL 34761 US

FEI Number: 74-3148112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MUNROE, YVETTE V
5508 RED BONE LANE
ORLANDO, FL 32810 US
MUNROE, YVETTE V
1514 MAUREEN AVE
OCOEE, FL 34761 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: 09/05/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 MUNROE, CARVEL K
 Name:
 MUNROE, CARVEL K

 Address:
 P.O. BOX 585519
 Address:
 1514 MAUREEN AVE

 City-St-Zip:
 ORLANDO, FL 32858 US
 City-St-Zip:
 OCOEE, FL 34761 US

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: CARVEL MUNROE PRES 09/05/2007