

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053009

FILED
Jan 14, 2006
Secretary of State

Entity Name: ACCESSIBLE CARE P.T. SERVICES INC

Current Principal Place of Business:

3106 42ND AVE EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

3106 42ND AVE EAST
BRADENTON, FL 34208 US

New Mailing Address:

FEI Number: 20-2647318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NACUA, CLEOFE
3106 42ND AVE EAST
BRADENTON, FL 34208 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: NACUA, CLEOFE
Address: 3106 42ND AVE EAST
City-St-Zip: BRADENTON, FL 34208 US

Title: VP () Delete
Name: NACUA, JOSELITO
Address: 3106 42ND AVE EAST
City-St-Zip: BRADENTON, FL 34208 US

Title: S (X) Delete
Name: NACUA, NIKLAUS
Address: 3106 42ND AVE EAST
City-St-Zip: BRADENTON, FL 34208 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLEOFE NACUA

P

01/14/2006

Electronic Signature of Signing Officer or Director

_____ Date