

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068599

Entity Name: VICTORIAN HOME CARE, INC.

FILED
Mar 26, 2008
Secretary of State

Current Principal Place of Business:

4022 SW BAMBERG STREET
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

4022 S. W. BAMBERG STREET
PORT ST. LUCIE, FL 34953

Current Mailing Address:

4022 SW BAMBERG STREET
PORT ST. LUCIE, FL 34953

New Mailing Address:

4022 S.W. BAMBERG STREET
PORT ST. LUCIE, FL 34953

FEI Number: 75-3203613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STODDARD-DANIELS, DOROTHY
4022 SW BAMBERG STREET
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

STODDARD-DANIELS, DOROTHY
3273 S. W. CONSTELLATION STREET
PORT ST. LUCIE, FL 34953 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:

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LILAVOIS, PATRICK
Address: 5006 HANA ROAD
City-St-Zip: EDISON, NJ 08817

Title: V () Delete
Name: LILAVOIS, ALDY
Address: 12 TINA LANE
City-St-Zip: BURLINGTON, NJ 08016

Title: T () Delete
Name: STODDARD-DANIELS, DOROTHY
Address: 4610 NW 113TH TERRACE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S T (X) Change () Addition
Name: LILAVOIS, PATRICK
Address: 12 TINA LANE
City-St-Zip: BURLINGTON, NJ 08016

Title: V (X) Change () Addition
Name: LILAVOIS, ALDY
Address: 5006 HANA ROAD
City-St-Zip: EDISON, NJ 08817

Title: P (X) Change () Addition
Name: STODDARD-DANIELS, DOROTHY
Address: 3273 S.W CONSTELLATION STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

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: DOROTHY STODDARD-DANIELS

P

03/26/2008

Electronic Signature of Signing Officer or Director

Date