


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90112 012 \*\*\*158.75

<b>DOCUMENT # P05000082067</b>	
1. Entity Name <b>AFTER CARE CENTRAL, INC.</b>	

Principal Place of Business <b>6700 BROKEN SOUND PARKWAY NW #200 BOCA RATON, FL 33487</b>	Mailing Address <b>6700 BROKEN SOUND PARKWAY NW #200 BOCA RATON, FL 33487</b>
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2. Principal Place of Business - No P.O. Box # <b>4645 N. STATE ROAD 7</b> Suite, Apt. #, etc.	3. Mailing Address <b>4645 N. STATE ROAD 7</b> Suite, Apt. #, etc.
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City & State <b>LAUDERDALE LAKES, FL</b>	City & State <b>LAUDERDALE LAKES, FL</b>
Zip <b>33319</b>	Country <b>USA</b>

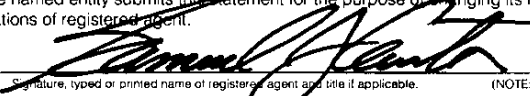


04232007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3014058</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CANTOR, SAMUEL J 6700 BROKEN SOUND PARKWAY NW #200 BOCA RATON, FL 33487</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2499 GLADES ROAD, SUITE 210</b> City <b>BOCA RATON</b> FL Zip Code <b>33431</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>4/23/07</b>

<b>FILE NOW!!! FEE IS \$150.00 ✓ After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAPTISTE, CURTIS 4645 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAPTISTE, AFUA 4645 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>4/23/07</b>	<b>954-731-7524</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		