


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000085675</b>		
1. Entity Name <b>ALTERNATIVES CARE SERVICES CORP.</b>		
Principal Place of Business <b>1251 SANDESTIN WAY ORLANDO, FL 32824</b>	Mailing Address <b>1251 SANDESTIN WAY ORLANDO, FL 32824</b>	



04292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>37-1513160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SANTIAGO, BRENDA LYS N 1251 SANDESTIN WAY ORLANDO, FL 32824</b>	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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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<b>10. OFFICERS AND DIRECTORS</b>		<p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>U000000752022 05/18/07-80124-021 158.75</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SANTIAGO, BRENDA LYS N 1251 SANDESTIN WAY ORLANDO, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS NEGRON, VIRGINIA S 1324 CARPENTER BRANCH CT OVIEDO, FL 32765	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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.

**SIGNATURE:** Brenda Lys Santiago 4/30/07 407-346-6617  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #