2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P05000130110

Entity Name: TJAK ASSISTED CARE, INC.

Current Principal Place of Business:

3004 ANDERSON DRIVE
FORT PIERCE, FL 34946

New Principal Place of Business:

3004 ANDERSON DRIVE
FORT PIERCE, FL 34946 US

Current Mailing Address:

3004 ANDERSON DRIVE
FORT PIERCE, FL 34946

New Mailing Address:

3004 ANDERSON DRIVE
FORT PIERCE, FL 34946 US

FEI Number: 20-3511583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'HEARN, JAMES J
2466 NE 17TH COURT
JENSEN BEACH, FL 34957 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: BENNETT, MARGARET
Address: 3004 ANDERSON DRIVE
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BENNETT, MARGARET
Address: 3004 ANDERSON DRIVE
City-St-Zip: FORT PIERCE, FL 34946 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: MARGARET BENNETT P 04/16/2009
Electronic Signature of Signing Officer or Director Date