2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2010
Secretary of State

DOCUMENT# P05000159738

Entity Name: HOME SWEET HOME ADULT DAY CARE INC.

Current Principal Place of Business:

960 NEW BERLIN ROAD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

960 NEW BERLIN ROAD
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 27-1057664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUMAN, JACQUELYN
12551 DAYLIGHT TRAIL
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

THOMASON, SHIQUITA
8424 LINCREST DRIVE W
JACKSONVILLE, FL 32208 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: SHIQUITA THOMASON 04/20/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: THOMASON, SHIQUITA
Address: 960 NEW BERLIN ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP
Name: THOMASON, SHIQUITA
Address: 8424 LINCREST DRIVE W
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: TREA
Name: SHIQUITA, THOMASON
Address: 8424 LINCREST DRIVE W
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: SEC
Name: SHIQUITA, THOMASON
Address: 8424 LINCREST DRIVE W
City-St-Zip: JACKSONVILLE, FL 32208 US

I hereby 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 all other like empowered.

SIGNATURE: SHIQUITA THOMASON P 04/20/2010
Electronic Signature of Signing Officer or Director Date