2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P05000162085

Entity Name: FIRST CLASS CARE INC.

Current Principal Place of Business:

154 CORDOBA CIRCLE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1018 PARK HILL DRIVE
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 22-3918987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, FAITH C
154 CORDOBA CIRCLE
WEST PALM BEACH, FL 33411 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

OFFICERS AND DIRECTORS:

Title: PSTD
Name: WILLIAMS, FAITH C PRES
Address: 154 CORDOBA CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: PSTD
Name: LATSON, MOLLY VP
Address: 154 CORDOBA CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: PSTD
Name: SHARPE, KENNESHA SEC
Address: 154 CORDOBA CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: PSTD
Name: WESLEY, THERESA TREASUR
Address: 154 CORDOBA CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: FAITH WILLIAMS PRES 04/21/2011

Electronic Signature of Signing Officer or Director Date