# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 27, 2009**
**Secretary of State**

DOCUMENT# P05000168409

**Entity Name:** CARLEEN HOME HEALTH SCHOOL, INC.

**Current Principal Place of Business:**

1868 NORTH UNIVERSITY DRIVE
SUITE #203
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

1868 NORTH UNIVERSITY DRIVE
SUITE #203
PLANTATION, FL 33322 US

**New Mailing Address:**

**FEI Number: 20-4008634** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NOREUS, CARLEEN A
8140 NW 47 STREET
LAUDERHILL, FL 33351 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: NOREUS, CARLEEN A
Address: 8140 NW 47 STREET
City-St-Zip: LAUDERHILL, FL 33351

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: NOREUS, CARLEEN A
Address: 8140 NW 47 STREET
City-St-Zip: LAUDERHILL, FL 33351 US

Title: VP ( ) Change (X) Addition
Name: NOREUS, ILFRIDE
Address: 8140 NW 47TH STREET
City-St-Zip: LAUDERHILL, FL 33351 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: ILFRIDE NOREUS VP 08/27/2009

Electronic Signature of Signing Officer or Director Date