

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017082

Entity Name: ALL ABOUT CARE, INC

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

3403 MENDENZE AVE
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1104
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 68-0621613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARVILLE, SUZANNE K
3403 MENDENZE AVE
FORT PIERCE, FL 34947 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS () Change (X) Addition
Name: DARVILLE, SUZANNE K
Address: P.O.BOX 1104
City-St-Zip: FORT PIERCE, FL 34954

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: SUZANNE K. DARVILLE

MRS.

09/05/2007

Electronic Signature of Signing Officer or Director

Date