

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048283

FILED
Mar 05, 2007
Secretary of State

Entity Name: LOVING CARE ACADEMY, INC.

Current Principal Place of Business:

544 SUNRISE COURT
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

9393 N.W. 55TH STREET
SUNRISE, FL 33351 US

New Mailing Address:

9025 ALEXANDRA CIR
WELLINGTON, FL 33414 US

FEI Number: 20-4640100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, CESAR
9393 N.W. 55TH STREET
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

ALVAREZ, CESAR
9025 ALEXNDRA CIR
WELLINGTON, FL 33414 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: CESARALVAREZ

03/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: ALVAREZ, CESAR
Address: 9393 N.W. 55TH STREET
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: ALVAREZ, CESAR
Address: 9025 ALEXADRA CIR
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CESAR ALVAREZ

MR.

03/05/2007

Electronic Signature of Signing Officer or Director

Date