

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069421

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: CALVINELLE CARE CONCEPT, INC.

**Current Principal Place of Business:**

19151 SW 15TH STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

19151 SW 15TH STREET  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 20-4935463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DUNN, GAYON D  
19151 SW 15TH STREET  
PEMBROKE PINES, FL 33029      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVP ( ) Delete  
Name: DUNN, GAYON D  
Address: 19151 SW 15TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ST ( ) Delete  
Name: DUNN, GAYON D  
Address: 19151 SW 15TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete  
Name: LEWIN, LEROY  
Address: 19151 SW 15TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33983

Title: ST ( ) Delete  
Name: DANILE, GRACE C HALL  
Address: 1073 NABROUR GLENN PLACE  
City-St-Zip: PUNTA GORDA, FL 33983

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: DANILE, GRACE C HALL  
Address: 1073 HABROUR GLENN PLACE  
City-St-Zip: PUNTA GORDA, FL 33983

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: GAYON D DUNN

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date