

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070356

Entity Name: EL-BETHEL CARE SERVICES, INC.

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

1810 E 131ST WAY
APT 233
TAMPA, FL 33612 US

New Principal Place of Business:

18134 LEMBRECHT WAY
TAMPA, FL 33647 US

Current Mailing Address:

1810 E 131ST WAY
APT 233
TAMPA, FL 33612 US

New Mailing Address:

18134 LEMBRECHT WAY
TAMPA, FL 33647 US

FEI Number: 20-4893768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOWOBARI, OLORUNYOMI
1810 E 131ST WAY
APT 233
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

KOWOBARI, OLORUNYOMI
18134 LEMBRECHT WAY
TAMPA, FL 33647 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: OLORUNYOMI KOWOBARI

02/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOWOBARI, OLORUNYOMI
Address: 1810 E 131ST WAY, APT 233
City-St-Zip: TAMPA, FL 33612 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOWOBARI, OLORUNYOMI
Address: 18134 LEMBRECHT WAY
City-St-Zip: TAMPA, FL 33647 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: OLORUNYOMI KOWOBARI

P

02/28/2007

Electronic Signature of Signing Officer or Director

Date