

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098925

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: ALLIED HOME CARE SERVICES, INC.

## Current Principal Place of Business:

1501 U.S. HIGHWAY 441 NORTH  
SUITE 1208  
THE VILLAGES, FL 32159

## New Principal Place of Business:

## Current Mailing Address:

1501 U.S. HIGHWAY 441 NORTH  
SUITE 1208  
THE VILLAGES, FL 32159

## New Mailing Address:

FEI Number: 20-5281757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WALKER, GARY ESQUIRE  
202 S. ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DON ( ) Change (X) Addition  
Name: ALI, LUCILLE  
Address: 1501 US HWY 441 N, SUITE 1208  
City-St-Zip: THE VILLAGES, FL 32159

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: LUCILLE ALI

DON

03/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date