2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# P06000098925

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 ( )**

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LUCILLE ALI DON 01/17/2008
Electronic Signature of Signing Officer or Director — Date