2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102389

Entity Name: ALL CARE HEALTH SERVICES MARKETING CORP.

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4139 WEST VINE STREET 111 EAST MONUMENT AVE

103

KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

4139 WEST VINE STREET 111 EAST MONUMENT AVE

30

307

KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

FEI Number: 84-1714986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BENTHAM, DAVID BENTHAM, DAVID

4139 WEST VINE STREET

111 EAST MONUMENT AVE
103

307

KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 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: DAVID A. BENTHAM 03/04/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: BENTHAM, DAVID A Name: BENTHAM, DAVID A

Address: 3532 SUNSET ISLES BLVD Address: 111 EAST MONUMENT AVE SUITE 307

City-St-Zip: KISSIMMEE, FL 34746 US City-St-Zip: KISSIMMEE, FL 34741 US

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: DAVID A. BENTHAM P 03/04/2009