2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# P06000117114

Entity Name: AMANDA'S CARE SERVICES, INC.

Current Principal Place of Business:

5944 KUMQUAT RD
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

5944 KUMQUAT RD
WEST PALM BEACH, FL 33413 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOWDIE-BROWN, MONICA
5944 KUMQUAT RD
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

GOWDIE-BROWN, MONICA M
5944 KUMQUAT RD
WEST PALM BEACH, FL 33413 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: MGOWDIEBROWN 04/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOWDIE-BROWN, MONICA
Address: 5944 KUMQUAT RD.
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change ( ) Addition
Name: GOWDIE-BROWN, MONICA
Address: 5944 KUMQUAT RD.
City-St-Zip: WEST PALM BEACH, FL 33413

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: GOWDIE-BROWN MONICA MS 04/23/2007
Electronic Signature of Signing Officer or Director Date