

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000131033

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** AGAPE CARE SERVICES INC.

**Current Principal Place of Business:**

182 DELMAR ST.  
SEBASTIAN, FL 32958 US

**New Principal Place of Business:**

**Current Mailing Address:**

182 DELMAR ST.  
SEBASTIAN, FL 32958 US

**New Mailing Address:**

**FEI Number:** 20-5748998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, ARLENE  
1320 DAMASK LN.  
SEBASTIAN, FL 32958 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FULKS, ELLEN  
Address: 182 DELMAR ST.  
City-St-Zip: SEBASTIAN, FL 32958 US

I hereby 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 all other like empowered.

SIGNATURE: ELLEN FULKS

PRES

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date