

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139743

FILED
Apr 12, 2007
Secretary of State

Entity Name: GRACEFUL DAYS ELDER CARE, CORP.

Current Principal Place of Business:

1154 NW 184TH TERRACE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1154 NW 184TH TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 33-1155573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IDEN, BRUCE F
MILLEDGE & IDEN
3240 CORPORATE WAY
MIRAMAR, FL 33025 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: D () Delete
Name: ROBINSON, JANE
Address: 1154 NW 184TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: LOMAX, TERESA
Address: 2105 SW 166TH AVE
City-St-Zip: MIRAMAR, FL 330274443

Title: D () Delete
Name: HUNTER, SANDRA
Address: 2185 NW 19TH STREET
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: ROBINSON, ALVIN
Address: 1154 NW 184TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: LOMAX, WAYNE REV.
Address: 2105 SW 166TH AVE
City-St-Zip: MIRAMAR, FL 330274443

Title: D () Delete
Name: RUCKER, CLYDE
Address: 2470 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 333271305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ALVIN L ROBINSON

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date