2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P06000145478

Entity Name: ROYAL COURT ADULT FAMILY CARE HOME, INC.

Current Principal Place of Business:

113 MEADOW WOODE DR.
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 210243
ROYAL PALM BEACH, FL 33421

New Mailing Address:

113 MEADOW WOODE DR.
ROYAL PALM BEACH, FL 33411

FEI Number: 56-2624094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONCE, ALITHIA
113 MEADOW WOODE DR.
ROYAL PALM BEACH, FL 33411 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: DP ( ) Delete
Name: LEONCE, ALITHIA
Address: P.O. BOX 210243
City-St-Zip: ROYAL PALM BEACH, FL 33421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LEONCE, ALITHIA
Address: 113MEADOW WOODE DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: ALITHIA LEONCE DP 01/14/2008

Electronic Signature of Signing Officer or Director Date