2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008
Secretary of State

DOCUMENT# P07000010924

Entity Name: ASHREEL MULTISERVICES & ASHREE INSTITUTE & HOME HEALTH CORP.

Current Principal Place of Business:

5270 GOLDEN GATE PARKWAY
105
NAPLES, FL 31116 CO

New Principal Place of Business:

Current Mailing Address:

5270 GOLDEN GATE PARKWAY
105
NAPLES, FL 31116 CO

New Mailing Address:

FEI Number: 26-3034902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILSON, YVANE
11905 WEST BISCAYNE CANAL ROAD
105
NAPLES, FL 34116 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VILSON, YVANE
Address: 11905 WEST BISCAYNE CANAL ROAD
City-St-Zip: MIAMI, FL 33161

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/PS (X) Change ( ) Addition
Name: VILSON, YVANE
Address: 11905 WEST BISCAYNE CANAL ROAD
City-St-Zip: MIAMI, FL 33161 US

Title: DVP ( ) Change (X) Addition
Name: VILSON, JEFF-DORMICK
Address: 486 N.W. 165 STREET SUITE 206-B
City-St-Zip: MIAMI, FL 33169 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: YVANE VILSON PRES 07/28/2008

Electronic Signature of Signing Officer or Director Date