2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P07000038026

Entity Name: COMPLETE CARE HOME, INC.

Current Principal Place of Business:

19710 NW 9TH DR
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

19710 NW 9TH DR
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 11-3808031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAMWELL, CARRON
19710 NW 9TH DR
PEMBROKE PINES, FL 33029 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: PS ( ) Delete
Name: BRAMWELL, CARRON
Address: 19710 NW 9TH DR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPT ( ) Delete
Name: BRAMWELL, WINSTON
Address: 19710 NW 9TH DR
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CARRON BRAMWELL PS 04/24/2009

Electronic Signature of Signing Officer or Director — Date