# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# P07000062257

**Entity Name:** D&W EXCEPTIONAL CARE INC.

**Current Principal Place of Business:**

904 ENGMAN STREET
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 202
CLEARWATER, FL 33755 US

**New Mailing Address:**

PO BOX 202
CLEARWATER, FL 33757 US

**FEI Number: 64-0964843** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WADE, DARLENE
904 ENGMAN STREET
CLEARWATER, FL 33755 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: CEO ( ) Delete
Name: WADE, DARLENE
Address: 904 ENGMAN STREET
City-St-Zip: CLEARWATER, FL 33755 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DARLENE WADE CEO 05/01/2008

Electronic Signature of Signing Officer or Director Date