

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104371

FILED  
Aug 19, 2008  
Secretary of State

Entity Name: ACTIVE CARE GROUP HOME, INC.

## Current Principal Place of Business:

3935 43RD AVENUE NORTH  
ST. PETERSBURG, FL 33714

## New Principal Place of Business:

## Current Mailing Address:

3935 43RD AVENUE NORTH  
ST. PETERSBURG, FL 33714

## New Mailing Address:

FEI Number: 33-1181682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANUKONDA, ESMERALDA  
3414 W. LAMBRIGHT STREET  
316  
ST. PETERSBURG, FL 33614 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: PRES ( ) Delete  
Name: MANUKONDA, ESMERALDA  
Address: 3414 W. LAMBRIGHT STREET #316  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete  
Name: MANUKONDA, JOHN  
Address: 3414 W. LAMBRIGHT STREET #316  
City-St-Zip: TAMPA, FL 33614

Title: OFFI ( ) Delete  
Name: RIVERA, MIGUEL  
Address: 3414 W. LAMBRIGHT STREET #316  
City-St-Zip: TAMPA, FL 33614

## 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:

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: ESMERALDA MANUKONDA

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08/19/2008

Electronic Signature of Signing Officer or Director

Date