

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104371

FILED
Mar 30, 2009
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

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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03/30/2009

Electronic Signature of Signing Officer or Director

Date