2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# P07000112087

Entity Name: MY CARE CONNECTION INC

Current Principal Place of Business:

9497 SOUTHERN GARDEN CIRCLE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

9497 SOUTHERN GARDEN CIRCLE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 26-1233126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSALIA, AJIT V
9497 SOUTHERN GARDEN CIRLCE
ALTAMONTE SPRINGS, FL 32714 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: P,D ( ) Delete
Name: HANSALIA, AJIT V
Address: 9497 SOUTHERN GARDEN CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: DIR (X) Delete
Name: HUMBLE, PAMELA E
Address: 643 OAK TERRACE DR. UNIT 3A
City-St-Zip: LEESBURG, FL 34748 US

Title: DIR (X) Delete
Name: SIMMONS, MARCIA
Address: 711 W. WOODWARD AVE.
City-St-Zip: EUSTIS, FL 32726 US

Title: DIR ( ) Delete
Name: HUNTON, LYNNETTA
Address: 33215 COVENTRY DR.
City-St-Zip: LEESBURG, FL 34788 US

Title: T, D ( ) Delete
Name: GREEN, TAMMY
Address: 19 LAKESIDE AVE.
City-St-Zip: UMATILLA, FL 32784 US

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:

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: AJIT V. HANSALIA PRES 01/22/2008
Electronic Signature of Signing Officer or Director Date