2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P08000016466

Entity Name: SUCCESSFUL CARE ENTERPRISES, INC

Current Principal Place of Business:

1340 NW 207TH ST.
MIAMI, FL 331692331

New Principal Place of Business:

1340 NW 207TH ST.
SUITE D
MIAMI, FL 331692331

Current Mailing Address:

1340 NW 207TH ST.
MIAMI, FL 331692331

New Mailing Address:

1340 NW 207TH ST.
SUITE D
MIAMI, FL 331692331

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, NOVLET E
1340 NW 207TH ST.
MIAMI, FL 331692331 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: PSTD ( ) Delete
Name: HUDSON, NOVLET
Address: 1340 NW 207TH ST.
City-St-Zip: MIAMI, FL 331692331

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: NOVLET A-HUDSON PSTD 03/19/2009

Electronic Signature of Signing Officer or Director — Date