2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107404

City-St-Zip:

ORLANDO, FL 32818

Entity Name: ALMA ADULT HOME CARE INC.

FILED Aug 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	EYSTONE TR D, FL 32818			
Current Mailing Address:			New Mailing Address:	
	EYSTONE TR D, FL 32818			
FEI Number	: 26-3699653	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:
1927 GRE ORLANDO The above in the State	e named entity s e of Florida.	US ubmits this statement for the p	ourpose of changing its registered	l office or registered agent, or both,
SIGNATU		c Signature of Registered Age	ont .	 Date
Election Ca	ice with s. 607.193	(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D/P () JEAN BORDES, 1927 GREYSTO ORLANDO, FL	NE TR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D/VP () ST VRY, VENET		Title: Name: Address:	() Change () Addition

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: ALMA JEAN BORDES P 08/26/2009