

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000097365

Entity Name: FREEELDERCAREINFO.COM INC.

FILED
Jan 10, 2011
Secretary of State

Current Principal Place of Business:

1200 S. ROGERS CIRCLE #4
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1200 S. ROGERS CIRCLE #4
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 27-4431013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLONSKY, BRYAN
1200 S. ROGERS CIRCLE #4
BOCA RATON, FL 33487 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

OFFICERS AND DIRECTORS:

Title: D/S
Name: PLONSKY, BRYAN
Address: 1200 S. ROGERS CIRCLE #4
City-St-Zip: BOCA RATON, FL 33487

Title: D/P
Name: WOLFE, STEPHEN
Address: 1200 S. ROGERS CIRCLE #4
City-St-Zip: BOCA RATON, FL 33487

Title: D/VP
Name: SHIELDS, DAVID
Address: 9706 PLYMOUTH ROAD
City-St-Zip: SAN ANTONIO, TX 78216

I hereby 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 all other like empowered.

SIGNATURE: BRYAN PLONSKY

DS

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date