

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000031057

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** BEST ALTERNATIVE CARE INCORPORATED

**Current Principal Place of Business:**

1354 BELLA COOLA DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 677067  
ORLANDO, FL 32867

**New Mailing Address:**

**FEI Number:** 45-1289305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWIREDU, PAUL  
1354 BELLA COOLA DRIVE  
ORLANDO, FL 32828 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: CEO  
Name: OWIREDU, PAUL CEO  
Address: 1354 BELLA COOLA DRIVE  
City-St-Zip: ORLANDO, FL 32828 US

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: PAUL OWIREDU

MR

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date