2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015232

City-St-Zip: TARPON SPRINGS, FL 34688

Entity Name: AFFORDABLE QUALITY CARE, INC.

FILED May 02, 2007 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of | New Principal Place of Business: | | |
|--------------------------------------|---|-----------|---|--------------------------------------|--|--|--|
| SUITE D | Γ MARTIN LUTI | | IG JR. DRIVE | | | | |
| TARPON | SPRINGS, FL | 34689 | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | New Mailing Address: | | |
| 955 EAST | T MARTIN LUTI | HER KIN | IG JR. DRIVE | | | | |
| | ${\sf SPRINGS}, {\sf FL}$ | 34689 | | | | | |
| FEI Numbe | er: 59-3357507 | FEI No | umber Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | | |
| Name an | d Address of (| Current | Registered Agent: | Name and Address of I | New Registered Agent: | | |
| 2942 49T | CCOUNTING 8 H STREET NO ERSBURG, FL | RTH | ERVICE, INC. US | | | | |
| | e named entity te of Florida. | submits | this statement for the | purpose of changing its registered o | office or registered agent, or both, | | |
| SIGNATL | JRE: | | | | | | |
| | Electron | nic Signa | ature of Registered Ag | ent | Date | | |
| | | | S., the corporation did no und Contribution (). | ot receive the prior notice. | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: | P (TATE, DAVIDA P.O. BOX 1088 | | | 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: DAVIDA TATE | P | 05/02/2007 |
|------------------------|---|------------|