2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# P96000097928

Entity Name: COMFORT CARE RETIREMENT HOME, INC.

Current Principal Place of Business:

545 NE 23RD ST.
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

545 NE 23RD STREET
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 65-0710065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, DONNA P
891 NW 110TH AVE
CORAL SPRINGS, FL 33071 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: P ( ) Delete
Name: GRANT, DONNA P
Address: 891 NW 110TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP (X) Delete
Name: BURKE, GODFREY O
Address: 6366 NW 39 STREET
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA GRANT P 04/19/2007

Electronic Signature of Signing Officer or Director Date