

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105072

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** PERSONAL PEOPLE CARE, INC.

**Current Principal Place of Business:**

19564 SEA PINES WAY  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

19564 SEA PINES WAY  
BOCA RATON, FL 33498

**New Mailing Address:**

**FEI Number:** 65-0800325      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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:** PSTD  
**Name:** TOPPER, CAROLYN S  
**Address:** 19564 SEA PINES WAY  
**City-St-Zip:** BOCA RATON, FL 33498

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: CAROLYN S. TOPPER

PRES

04/07/2010

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

\_\_\_\_\_ Date