2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048340

FILED Mar 24, 2009 Secretary of State

Entity Name: ACTELL ELDERLY CARE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1515 MICHIGAN AVE STE 20 KISSIMMEE, FL 34744 **New Mailing Address: Current Mailing Address:** 1515 MICHIGAN AVE STE 20 KISSIMMEE, FL 34744 US FEI Number: 59-3516109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DENNIS, TERREL 1515 MICHIGAN AVE SUITE 20 KISSIMMEE, FL 34744 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** () Delete Title: (X) Change () Addition Name: DENNIS, TERREL V Name: BURGESS, ANNETTE O 1515 MICHIGAN AVENUE, SUITE 20 1515 MICHIGAN AVENUE, SUITE 20 Address: Address:

City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744

() Delete Title: Title: () Change () Addition

Name: DENNIS, TERREL V Name: 1515 MICHIGAN AVENUE, SUITE 20 Address: Address: KISSIMMEE, FL 34744 City-St-Zip: 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: PRESIDENT/CEO CEO 03/24/2009