2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# P98000095026

Entity Name: K & K. ADULT CARE CENTER INC.

Current Principal Place of Business:

17205 NW 87 AVE.
MIAMI, FL 33015

New Principal Place of Business:

8511 NW 185 TERRACE
MIAMI, FL 33015

Current Mailing Address:

17205 NW 87 AVE.
MIAMI, FL 33015

New Mailing Address:

8511 NW 185 TERRACE
MIAMI, FL 33015

FEI Number: 65-0874730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES, ALFREDO
17205 NW 87 AVE.
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

VALDES, ALFREDO
8511 NW 185 TERRACE
MIAMI, FL 33015 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: ALFREDO VALDES 02/10/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, S ( ) Delete
Name: VALDES, ALFREDO
Address: 17205 NW 87 AVE.
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change ( ) Addition
Name: VALDES, ALFREDO
Address: 8511 NW 185 TERRACE
City-St-Zip: MIAMI, FL 33015

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: ALFREDO VALDES PRE 02/10/2006
Electronic Signature of Signing Officer or Director Date