

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041872

Entity Name: GRACE CARE, INC.

FILED
Aug 28, 2008
Secretary of State

Current Principal Place of Business:

9441 REXFORD DR.
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

9441 REXFORD DR.
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-3578362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WISNIEWSKI, JANUSZ
9441 REXFORD DR.
NEW PORT RICHEY, FL 34654 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WISNIEWSKI, JANUSZ
Address: 941 REXFORD DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: V () Delete
Name: WISNIEWSKI, GRAZYNA M
Address: 9441 REXFORD DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

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 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: JANUSZ WISNIEWSKI

P

08/28/2008

Electronic Signature of Signing Officer or Director

Date