2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

04-11-2007 90032 024 ***150.00

Boreland Place of Business Maining Address B02 7ST ST NW	DOCUMENT # P99000110131 1. Entity Name NORTHWEST CARE CENTRE, INC.				04-11-	-2007 90032 024 ***1	50.00	
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So Name and Address of Current Registered Agent MEISSNER, GREGORY C ESQ 1111 3RD AVE. W., STE. 150 BRADENTON, FL 34205 Eitred Address (P.O. Box Number is Not Acceptable) Diry FL Zip Code Title Address (P.O. Box Number is Not Acceptable) Diry FL Zip Code Title Dipanons of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations with a decept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registere	Zip	Country	Zip	Country		£9.75 Add		
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the familiar with and accept the familiar	1111 3RD	AVE. W., STE. 150		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
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		certify that the information expedied with	h this filing does not qualify for		ined in Chanter 110. Eleride Stat	tutes I further cortile that the	information	

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylare Proper