

363a

Please complete in typescript, or in bold black capitals.

Annual Return

000084 30

CHFP000

Company number

Company name in full

106679	330	· •	· 	
ACTION	FOR	CARE	LIMITED	

Date of this return

The information in this return is made up to

Day Month 12 11/0 18/12 10 10 9.

Date of next return

If you wish to make your next return to a date earlier than the anniversary of this return please show that date here. Companies House will then send a form at the appropriate time.

Day Month		nth	Year		
	<i>I</i>			<u></u>	L

Registered Office

Show here the address at the date of this return

Any change of registered office nust be notified on form 287

Post town

County/Region

UK Postcode

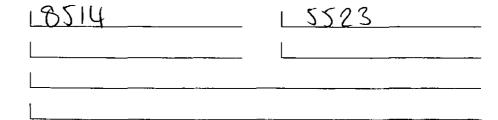
LIS HIGH STREET GAST LGLOSSOP LDORBYSHIRE

15 K 11 13 1810

Principal business activities

Show trade classification code number(s) for the principal activity or activities

If the code number cannot be determined, give a brief description of principal activity



FRIDAY

A18 11/09/2009 **COMPANIES HOUSE**

A45 05/09/2009 103 **COMPANIES HOUSE**

When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff

for companies registered in England or Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX ED235 Edinburgh 1 For companies registered in Scotland

or LP-4 Edinburgh 2

07/08

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Register of members if the register of members is					
registered office, state here	where it is kept				
	Post town				
	County/Region				
	UK Postcode				
Register of Debenture holders If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here					
where it is kept	Post town				
	County/Region				
	UK Postcode				
Company type					
Public limited compan	у				
Private company limite	ed by shares	X			
Private company limite share capital	ed by guarantee with	iout			
Private company limited by shares exempt under section 30 Private company limited by guarantee exempt under section 30					
Private unlimited comp	oany with share capi	tal			
Private unlimited comp	oany without share o	apital			
Company Secretary		Details of a new company secretary must be notified on form 288a			
* Voluntary details (Please photocopy this area to provide	ame *Style/Title	MRS			
details of joint secretaries).		JANE ANNE			
†† Tick the box if the	Surname	I KENNEDY			
address shown is a service address for the beneficiary of a	Address ††	Address + 125 RUTLAND TORRACE			
Confidentiality Order granted under section		MILLCROSS LANE			
723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.	Post town	cown BARLOW			
		igion DERBYSHIRE			
		10 15 15 15 15 15 15 15 15 15 15 15 15 15			
If a partnership, give the					
names and addresses of the partners or the name of the partnership and office address	Country	ENGLAND			

Directors Please list the directors in alphabetical order		Details of new directors must be notified on form 288a		
* Voluntary details In the case of a director that is a	lame *Style/Title	IMP		
Scottish firm, the	3.3			
name is the corporate or firm name		2010711966		
	Forename(s)	ROBERT		
†† Tick the box if the	Surname	IHADAGO		
address shown is a service address for the beneficiary of a	Address ††	LAPARTHENT 7		
Confidentiality Order granted under section 723B of the Companies		TOTLEY HALL, TOTLEY HALL LANE		
Act 1985. Otherwise, give your usual residential address. In		1SHEFFIELD		
the case of a	County/Region	IDERBYSHIRE		
corporation or Scottish firm, give the registered or principal office address.	UK Postcode			
addless.	Country	LENGLAND		
	Nationality	BRITISH		
B	Business occupation	DIRECTOR		
Directors Please list the directors in * Voluntary details	alphabetical order	Details of new directors must be notified on form 288a		
director mat is a	lame *Ştyle/Title			
corporation or a Scottish firm, the		Day Month Year		
name is the corporate or firm name	Date of birth			
	Forename(s)			
†† Tick the box if the	Surname			
address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies	Address ††			
Act 1985. Otherwise, give your usual residential address. In	Post town			
the case of a corporation or Scottish	County/Region			
firm, give the registered or principal office address.	UK Postcode			
	Country			
	Nationality			
Business occupation				

Issue share capital Enter details of all the shares in issue at the date of this return	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)	
	LOEDINARY	0.01	L_ £100	
		L	L	
	<u></u>			
	Totals	100	£100.	
Traded public companies A traded public company means a company any of whose shares are shares admitted to trading on a regulated market	Please tick this box if your corpublic company at any time dithis return			
List of past and present shareholders (use attached schedule where appropriate)	Please tick the appropriate bo	x below:	On paper In another format	
Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.	A full list of shareholders for a private or non-traded public company is enclosed. Please complete Schedule A.			
Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two	A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. Please complete Schedule B.			
returns.	A list containing shareholder changes is enclosed → For private or non-traded public companies, please complete Schedule A			
→ For traded public companies, please complete Schedule B				
	There were no shareholder ch	nanges in this period		
Certificate	Certificate I certify that the information given in this return is true to the best of my knowledge and belief			
Signed	thelvel	D.	ate	
* Please delete as appropriate When you have signed the return, send	*(director / secretary)			
it with the fee to the Registrar of Companies. Make cheques payable to Companies House.	This return includes (ent	continuation sheets er number)		
You do not have to give any contact information in the box opposite but if				
you do, it will help Companies House to contact you if there is a query on the				
form. The contact information that you give will be visible to searchers of the		·		
public record.	DX number	DX exchange		
			Page 4	

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This must only be completed by private and public limited companies that have not traded on a regulated market

Schedule A for private or non-traded public companies List of past and present shareholders

Company number	106679336	(Please use a continuation sheet if required)
Company name in full	LACTION FOR CARE	LIMITED
	1	

- > Changes to shareholders' particulars or details of the amount of stock or shares transferred must be completed each year
- > You must provide a "full list" of all company shareholders on:
 - The company's first annual return following incorporation
 - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- > List joint shareholders consecutively

Do not give shareholder address information

	Shares or amount of stock transferred			
Shareholder's name only	Class and number of shares or amount of stock held	(if appropriate) Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name ROBERT HADRED	100 ORDINARY			
Name				
Name 				
Name				
Name				