

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005860

FILED
Mar 24, 2008
Secretary of State

Entity Name: HELP AT HOME HEALTH CARE SERVICE, INC.

Current Principal Place of Business:

10808 AVENIDA SANTA ANA
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

10808 AVENIDA SANTA ANA
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 47-0896573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERRIERI, FRANK
10808 AVENIDA SANTA ANA
BOCA RATON, FL 33498 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: GUERRIERI, FRANK
Address: 10808 AVENIDA SANTA ANA
City-St-Zip: BOCA RATON, FL 33498

Title: VHRM () Delete
Name: GUERRIERI, JODY
Address: 10808 AVENIDA SANTA ANA
City-St-Zip: BOCA RATON, FL 33498

Title: PS () Delete
Name: GUERRIERI, FRANK
Address: 10808 AVENIDA SANTA ANA
City-St-Zip: BOCA RATON, FL 33498

Title: VT () Delete
Name: GUERRIERI, JODY
Address: 10808 AVENIDA SANTA ANA
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK GUERRIERI

CHRM

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date