2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# P03000049126

Entity Name: PAW HOME HEALTHCARE, INC.

Current Principal Place of Business:

1149 GINGER CIR.
WESTON, FL 333263633

New Principal Place of Business:

Current Mailing Address:

1149 GINGER CIR.
WESTON, FL 333263633

New Mailing Address:

FEI Number: 11-3685987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAWELEC, ANDRZEJ
1149 GINGER CIR.
WESTON, FL 333263633 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: P ( ) Delete
Name: PAWELEC, ANDREW
Address: 1149 GINGER CIR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PAWELEC, ANDRZEJ J
Address: 1149 GINGER CIR
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDRZEJ PAWELEC P 01/31/2005

Electronic Signature of Signing Officer or Director — Date