2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020287

Entity Name: RAYLYN HOME CARE INC.

FILED May 02, 2005 Secretary of State

Current P	rincipal Place of E	Business:	New Principal Place	of Business:
	LLON DRIVE LUCIE, FL 34983	US		
Current M	lailing Address:		New Mailing Address	s:
	LLON DRIVE LUCIE, FL 34983	US		
FEI Number	: 75-3141421 FE	I Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Curre	ent Registered Agent:	Name and Address o	of New Registered Agent:
	NY ALLON DRIVE LUCIE, FL 34983	US		
	e named entity subm e of Florida.	nits this statement for the p	purpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
	Electronic Si	gnature of Registered Ag	ent	Date
	, ,,	o), F.S., the corporation did nost Fund Contribution ().	ot receive the prior notice.	
OFFICER	S AND DIRECTOR	s:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Dele VIDAL, RAY 412 SE FALLON DRI PORT ST LUCIE, FL	VE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () Dele VIDAL, RAYMOND M 412 SE FALLON DRI PORT ST LUCIE, FL	I VE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	T () Dele VIDAL, LINDA	ta		

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: LINDA VIDAL T 05/02/2005