2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# P04000020287

Entity Name: RAYLYN HOME CARE INC.

Current Principal Place of Business:

412 SE FALLON DRIVE
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

412 SE FALLON DRIVE
PORT ST LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 75-3141421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIDAL, RAY
412 SE FALLON DRIVE
PORT ST LUCIE, FL 34983 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VIDAL, RAY
Address: 412 SE FALLON DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: V ( ) Delete
Name: VIDAL, RAYMOND M
Address: 412 SE FALLON DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: T ( ) Delete
Name: VIDAL, LINDA
Address: 412 SE FALLON DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: VIDAL, RAYMOND M
Address: 157 RIO MAR DR
City-St-Zip: PORT ST LUCIE, FL 34952 US

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: LINDA P. VIDAL T 07/03/2007

Electronic Signature of Signing Officer or Director Date