2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041404

City-St-Zip: PALM COAST, FL 32137

Entity Name: OLIVETTE HOME CARE, INC.

FILED Jul 07, 2005 Secretary of State

Entity Nai	me: OLIVETT	E HOME CARE, INC,			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	CASTLE DRIV AST, FL 3213				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	CASTLE DRIV AST, FL 3213				
FEI Number:	: 20-0845315	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
4 OLD KIN SUITE B	TO, MCIAHEL IGS ROAD NC AST, FL 3213	RTH			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	3(2)(b), F.S., the corporation did no grows Fund Contribution ().	·		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () NELSON, HENI 29 BLAIR CAST PALM COAST,	TLE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () NELSON, COLI 29 BLAIR CAS		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: HENRY O. NELSON OFF 07/07/2005