

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000107324

**FILED**  
**Feb 01, 2006**  
**Secretary of State**

**Entity Name:** #1 CHOICE HOME HELP -N- CARE AGENCY INC

**Current Principal Place of Business:**

1 OLEANDER ST  
SUITE11  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

1 OLEANDER ST  
SUITE11  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:** 20-1527465      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOUT, GAIL O  
1 OLEANDER ST  
SUITE 11  
COCOA, FL 32922 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: STOUT, GAIL O  
Address: 1026 REGALIA DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete  
Name: BIERMAN, KARLA J  
Address: 1025 REGALIA DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SEC ( ) Delete  
Name: STOUT, KRISTEL G  
Address: 1026 REGALIA DR  
City-St-Zip: ROCKLEDGE, FL 32955

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL O STOUT

P

02/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date