

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011094

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: COMPLETE HOME REMEDIES INC.

**Current Principal Place of Business:**

501 RIVIERA DR  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

501 RIVIERA DR  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 71-0976993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALTERS, HEIDI  
501 RIVIERA DR  
ALTAMONTE SPRINGS, FL 32701 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: WALTERS, BRUCE A  
Address: 501 RIVIERA DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WALTERS, BRUCE A  
Address: 501 RIVIERA DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV ( ) Change (X) Addition  
Name: WALTERS, HEIDI D  
Address: 501 RIVIERA DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: HEIDI WALTERS

DV

04/29/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date