2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# P05000026139

Entity Name: CARING HANDS HOME HEALTH CARE INCORP.

Current Principal Place of Business:

403 N MAIN ST STE 5
HAVANNA, FL 32033

New Principal Place of Business:

313 N MAIN ST
HAVANNA, FL 32333

Current Mailing Address:

403 N MAIN ST STE 5
HAVANNA, FL 32033

New Mailing Address:

313 N MAIN ST STE 5
HAVANNA, FL 32333

FEI Number: 52-2452923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORDOVA, ADEBUSOLA
403 N MAIN ST STE 5
HAVANNA, FL 32033 US

Name and Address of New Registered Agent:

CORDOVA, ADEBUSOLA
313 N MAIN ST
HAVANNA, FL 32333 US

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: 04/12/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOF ( ) Delete
Name: CORDOVA, ADEBUSOLA
Address: 403 N MAIN ST STE 5
City-St-Zip: HAVANNA, FL 32033

Title: CFO ( ) Delete
Name: CORDOVA, ADEBUSOLA
Address: 403 N MAIN ST STE 5
City-St-Zip: HAVANNA, FL 32033

Title: D (X) Delete
Name: BRADLEY, LILA
Address: 403 N MAIN ST STE 5
City-St-Zip: HAVANNA, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: CORDOVA, ADEBUSOLA
Address: 313 N MAIN ST
City-St-Zip: HAVANNA, FL 32333

Title: CFO (X) Change ( ) Addition
Name: CORDOVA, ADEBUSOLA
Address: 313 N MAIN ST
City-St-Zip: HAVANNA, FL 32333

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: SCORDOVA CEO 04/12/2006
Electronic Signature of Signing Officer or Director — Date