

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129929

**FILED**  
**Feb 16, 2006**  
**Secretary of State**

**Entity Name:** MACKIE'S HOME HEALTH CARE INC.

**Current Principal Place of Business:**

7909 VENTURE CENTER WAY  
APT 9101  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

16330 81ST STREET  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

7909 VENTURE CENTER WAY  
APT 9101  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

16330 81ST STREET  
LOXAHATCHEE, FL 33470

FEI Number: 13-4308821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSS, ELZA E  
7909 VENTURE CENTER WAY  
APT 9101  
BOYNTON BEACH, FL FL US

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

ROSS, ELZA E  
16330 81ST STREET  
LOXAHATCHEE, FL FL 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: ELZA ROSS

02/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROSS, ELZA E  
Address: 7909 VENTURE CENTER WAY APT. 9101  
City-St-Zip: BOYNTON BEACH, FL 33437

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

Title: P (X) Change ( ) Addition  
Name: ROSS, ELZA E  
Address: 16330 81ST STREET  
City-St-Zip: LOXAHATCHEE, FL 33470

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: ELZA ROSS

P

02/16/2006

Electronic Signature of Signing Officer or Director

Date