2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2007
Secretary of State

DOCUMENT# P06000057286

Entity Name: TOMY'S HOME HEALTH CARE CORP

Current Principal Place of Business:

4517 E 8 COURTH
HIALEAH, FL 33013 US

New Principal Place of Business:

4517 E 8 COURT
HIALEAH, FL 33013 US

Current Mailing Address:

4517 E 8 COURTH
HIALEAH, FL 33013 US

New Mailing Address:

4517 E 8 COURT
HIALEAH, FL 33013 US

FEI Number: 20-4727513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUIS, TOMASA
4517 E 8 COURTH
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

LUIS, TOMASA
4517 E 8 COURT
HIALEAH, FL 33013 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: TOMASA LUIS 03/25/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LUIS, TOMASA
Address: 4517 E 8 COURTH
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LUIS, TOMASA
Address: 4517 E 8 COURT
City-St-Zip: HIALEAH, FL 33013

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: TOMASA LUIS P 03/25/2007
Electronic Signature of Signing Officer or Director Date