

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 05, 2008
Secretary of State**

DOCUMENT# P06000091006

Entity Name: BLUE VISTA HOME HEALTH INC.

Current Principal Place of Business:

3590 S STATE RD 7 #219
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

3590 S STATE RD 7 #219
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 20-5094190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OSAGIE, CHRIS
Address: 13914 BLUE VISTA DR
City-St-Zip: SUGAR LAND, TX 77478

Title: DVT () Delete
Name: OSAGIE, ROSEBETH
Address: 13914 BLUE VISTA DR
City-St-Zip: SUGAR LAND, TX 77478

Title: S () Delete
Name: OSAGIE, OFOSA
Address: 13914 BLUE VISTA DR
City-St-Zip: SUGAR LAND, TX 77478

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 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: CHRIS OSAGIE

ADMI

05/05/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date