

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091006

FILED
Mar 29, 2011
Secretary of State

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: 36-4616797 **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 AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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

OFFICERS AND DIRECTORS:

Title: DP
Name: OSAGIE, CHRIS
Address: 13914 BLUE VISTA DR
City-St-Zip: SUGAR LAND, TX 77498

Title: DVT
Name: OSAGIE, ROSEBETH
Address: 13914 BLUE VISTA DR
City-St-Zip: SUGAR LAND, TX 77498

Title: S
Name: OSAGIE, OFOSA
Address: 13914 BLUE VISTA DR
City-St-Zip: SUGAR LAND, TX 77498

I hereby 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 all other like empowered.

SIGNATURE: CHRIS OSAGIE

DP

03/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date