2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058098

Entity Name: HOME HEALTHCARE MANAGEMENT RESOURCES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1250 WEST AVENUE 36 ISLAND AVE 51

12E

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

PO BOX 398842 36 ISLAND AVE

MIAMI BEACH, FL 33239

MIAMI BEACH, FL 33139

FEI Number: 26-2804392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHULER, ROB SCHULER, ROB 1250 WEST AVENUE 36 ISLAND AVE

MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 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: ROBERT K SCHULER 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: PCFO (X) Change () Addition

Name: SCHULER, ROB Name: SCHULER, ROB 1250 WEST AVENUE 12E 36 ISLAND AVE 51 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

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: ROBERT K SCHULER 04/30/2009 CEO