

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000086101

**FILED  
May 15, 2006  
Secretary of State**

**Entity Name:** HOME NURSE CORP.

**Current Principal Place of Business:**

11355 SOUTHWEST 84 STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

11355 SOUTHWEST 84 STREET  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 65-0701539      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ROIZ, OSCAR L  
11355 SW 84 STREET  
MIAMI, FL 33173 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: P ( ) Delete  
Name: SHAHAM, JACOB  
Address: 9101 SW 103 ST  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: SHAHAM, HELEN  
Address: 9101 SW 103 ST  
City-St-Zip: MIAMI, FL

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

Title: P (X) Change ( ) Addition  
Name: SHAHAM, JACOB  
Address: 11355 SW 84 STREET  
City-St-Zip: MIAMI, FL 33173 US

Title: S (X) Change ( ) Addition  
Name: SHAHAM, HELEN  
Address: 11355 SW 84 STREET  
City-St-Zip: MIAMI, FL 33173 US

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: JACOB SHAHAM

P

05/15/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date