2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 19, 2005
Secretary of State

DOCUMENT# P99000002218

Entity Name: QUALIFIED HOMECARE SERVICES, INC.

Current Principal Place of Business:

633 NE 167TH STREET
#925
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

319 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

PO BOX 640950
NORTH MIAMI BCH, FL 33164

New Mailing Address:

FEI Number: 65-0887626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEAN, AUDREYA
5300 ALTON RD
MIAMI BEACH, FL 33140 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: PD ( ) Delete
Name: MCLEAN, AUDREYA
Address: 5300 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: V (X) Delete
Name: MCLEAN, CLAUDIA
Address: 5243 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Delete
Name: MCLEAN, DIANA
Address: 5243 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: T (X) Delete
Name: MCLEAN, LISIA
Address: 5243 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AUDREYA MCLEAN PD 05/19/2005

Electronic Signature of Signing Officer or Director — Date