

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048226

FILED  
Jul 11, 2007  
Secretary of State

Entity Name: WEBB HOME HEALTHCARE NETWORK CORP.

## Current Principal Place of Business:

7041 GRAND NATIONAL PLAZA SUITE 123  
ORLANDO, FL 32819

## New Principal Place of Business:

7111 GRAND NATIONAL PLAZA SUITE 101  
ORLANDO, FL 32819

## Current Mailing Address:

5536 OXFORD MOOR BLVD  
WINDERMERE, FL 34786

## New Mailing Address:

FEI Number: 59-3725476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEBB, AUDRENE  
5536 OXFORD MOOR BLVD  
WINDERMERE, FL 34786      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: PRES ( ) Delete  
Name: WEBB, AUDRENE  
Address: 5536 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: VICE ( ) Delete  
Name: WEBB, FRED  
Address: 5536 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AUDRENE WEBB

PRES

07/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date