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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 MAR 23 AM 10: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H80644

1. Entity Name
BROADWAY HOME CARE, INC.

Principal Place of Business	Mailing Address
6551 LOISDALE COURT SUITE 500 STERLING, VA 22150	21268 MIRROR RIDGE PLACE STERLING, VA 33476-1

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6551 Loisdale Court	6651 LOISDALE COURT
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: SUITE 500
City & State: Springfield VA	City & State: Springfield, VA
Zip: 22150 Country:	Zip: 22150 Country:

03142007 Chg-R 03/19/07 01019 024 $ 150.00 CR2E034 (12/06)

4. FEI Number 59-2822561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOMBS, HARDLEY 613 CLEARLAKE AVE WEST PALM BEACH, FL 33407	Name ~~HARDLEY A. COOMBS~~ Street Address (P.O. Box Number is Not Acceptable) ~~21268~~ City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO SHANDA COOMBS 21268 MIRROR RIDGE PLACE STERLING, VA 20164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LISA STULL 18 AUGUSTA DRIVE STARFORD, VA 22108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President Lisa Stull 6551 Loisdale Ct. Suite 500 Springfield, VA 22150	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/23	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Shanda Coombs, CEO 14 Mar 07 703-822-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #