

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27395

Entity Name: FELT HOME CARE, INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

767 S. STATE RD. 7
SUITE 14
MARGATE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

767 S STATE RD 7
SUITE 14
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: 59-2712585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELT, ROSELLA
6302 S.W. 2ND STREET
MARGATE, FL 33063 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FELT, ROSELLA,
Address: 6302 S.W. 2ND STREET
City-St-Zip: MARGATE, FL

Title: VPA () Delete
Name: MARTIN-CULET, CHRISTINE
Address: 6175 SOUTHGATE BLVD
City-St-Zip: MARGATE, FL

Title: S () Delete
Name: FELT, ROSELLA
Address: 6302 SW 2ND STREET
City-St-Zip: MARGATE, FL 33068

Title: C () Delete
Name: FELT, ROSELLA RN
Address: 6302 SW 2ND STREET.
City-St-Zip: MARGATE, FL 33068

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 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: ROSELLA FELT

PD

01/14/2008

Electronic Signature of Signing Officer or Director

Date