
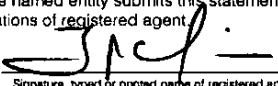



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90106 015 ***150.00

DOCUMENT # J64706 1. Entity Name BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.																																																																																																																																																					
Principal Place of Business 1945 EAST BAY DR LARGO, FL 33771 US			Mailing Address P.O. BOX 1462 LARGO, FL 33779 US																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # 2430 WEST BAY DRIVE		3. Mailing Address 																																																																																																																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																																			
City & State LARGO FL		City & State 		4. FEI Number 59-2833315																																																																																																																																																	
Zip 33770		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent ATKINSON, TODD 1945 EAST BAY DR LARGO, FL 33771				7. Name and Address of New Registered Agent Name TODD R. ATKINSON Street Address (P.O. Box Number is Not Acceptable) 2430 WEST BAY DRIVE City LARGO FL Zip Code 33770																																																																																																																																																	
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  1/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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:  TODD R. ATKINSON 1/11/07 727-586-0044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					