

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K59740

FILED
Jul 21, 2005
Secretary of State

Entity Name: UNIVERSAL HOME RESPI CARE, INC.

Current Principal Place of Business:

1911 S.W. 101 AVE
MIRMAR, FL 33029 US

New Principal Place of Business:

1911 S.W. 101 AVE
MIRMAR, FL 33025 US

Current Mailing Address:

P.O. BOX 260547
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, MICHAEL
11020 N.W. 15 STREET
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

GREENE, MICHAEL B PRES
11020 N.W. 15 STREET
PEMBROKE PINES, FL 33026 US

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: MICHAEL B GREENE

07/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GREENE, MICHAEL,
Address: 11020 N.W. 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: TS () Delete
Name: GREENE, MARTIN GLORI, A
Address: 11020 N.W. 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GREENE, MICHAEL B PRES
Address: 11020 N.W. 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: TS (X) Change () Addition
Name: MARTIN-GREENE, GLORIA J TRES
Address: 11020 N.W. 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: MICHAEL B GREENE

PRES

07/21/2005

Electronic Signature of Signing Officer or Director

Date