2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060440

Address:

City-St-Zip:

10549 NORTH FLORIDA AVENUE SUITE H

TAMPA, FL 33612

Entity Name: HELP AT HOME LIMITED LIABILITY COMPANY

FILED May 02, 2006 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 10549 NORTH FLORIDA AVENUE SUITE H TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 10549 NORTH FLORIDA AVENUE SUITE H TAMPA, FL 33612 US FEI Number: 75-3066812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRAWFORD, BONNIE L 10549 NORTH FLORIDA AVENUE SUITE H TAMPA, FL 33612 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition CRAWFORD, BONNIE L Name: Name: Address: 10549 NORTH FLORIDA AVENUE SUITE H Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CRAWFORD, JAMES A Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BONNIE CRAWFORD MGR 05/02/2006