

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90060 014 \*\*\*\*50.00

30012137



07182006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000123635</b>			
1. Entity Name GIFTED HANDS HOME CARE LLC			
Principal Place of Business 660 LINTON BLVD., SUITE 218-C DELRAY BEACH, FL 33444		Mailing Address 660 LINTON BLVD., SUITE 218-C DELRAY BEACH, FL 33444	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16-1744045		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JULES, THERESIA 5025 ASHLEY LAKE DRIVE #213 BOYNTON BEACH, FL 33437		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JULES, THERESIA 5025 ASHLEY LAKE DRIVE #213 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my 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: <i>Theresia Jules</i>		Date: 7/18/06	Daytime Phone #: 561-350-7788(c)
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

ATTACHMENT

30012137

#L05 000123635

**Gifted Hands Home Care**

660 Linton Blvd # 218-C

Delray Beach, Fl. 33444

To Whom It May Concern:

**Ref: NOTICE OF INTENT TO DISSOLVE**

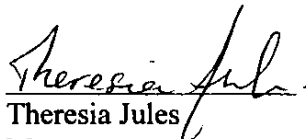
I received your notice of intent to dissolve stating that on my last annual report, the FIN was not included. I hereby submit another report with the necessary information.

*I have not enclosed a fee of \$50 since my last payment was processed.*

As per your representative, Marie, whom I spoke to on July 7 2006, I was advised to inform you of that information, also I did not receive a copy of my last report which is stated on your records as being mailed back to me.

I wish to rectify this matter promptly and would follow your instructions accordingly.

Respectfully yours

  
Theresia Jules  
Manager