

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11119

FILED
Apr 25, 2004
Secretary of State

Entity Name: DIABETES HOME CARE, INC.

Current Principal Place of Business:

508 CENTRAL AVE
CRESCENT CITY, FL 32112

New Principal Place of Business:

Current Mailing Address:

508 CENTRAL AVE
CRESCENT CITY, FL 32112

New Mailing Address:

FEI Number: 65-0156186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUCHAN, GERARD
508 CENTRAL AVE
CRESCENT CITY, FL 32112 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: DP () Delete
Name: BUCHAN, GERARD,
Address: 508 CENTRAL AVE
City-St-Zip: CRESCENT CITY, FL

Title: DS () Delete
Name: BUCHAN, CHRISTINE W.,
Address: P.O. BOX 265 N/A
City-St-Zip: CRESCENT CITY, FL

Title: DV () Delete
Name: BUCHAN, BARRY DEAN,
Address: RR 2, BOX 778A
City-St-Zip: CRESCENT CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BUCHAN, GERARD,
Address: 508 CENTRAL AVE
City-St-Zip: CRESCENT CITY, FL 32112

Title: DS (X) Change () Addition
Name: BUCHAN, CHRISTINE W.,
Address: P.O. BOX 265
City-St-Zip: CRESCENT CITY, FL 32112

Title: DV (X) Change () Addition
Name: BUCHAN, BARRY DEAN,
Address: 589 OLD HWY 17
City-St-Zip: CRESCENT CITY, FL 32112

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: GERARD BUCHAN

PD

04/25/2004

Electronic Signature of Signing Officer or Director

_____ Date