

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34642

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

3380 FAIRLANE FARMS RD  
SUITE 3  
WEST PALM BEACH, FL 33414 US

**New Principal Place of Business:**

**New Mailing Address:**

1419 RED PINE TRAIL  
WEST PALM BEACH, FL 33414 US

**Current Mailing Address:**

3380 FAIRLANE FARMS RD  
SUITE 3  
WEST PALM BEACH, FL 33414 US

FEI Number: 59-2989844      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TONKS, PAUL  
1419 RED PINE TR  
WELLINGTON, FL 33414 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: PT ( ) Delete  
Name: TONKS, PAUL,  
Address: 1419 RED PINE TRAIL  
City-St-Zip: WELLINGTON, FL

Title: VS ( ) Delete  
Name: TONKS, JEAN,  
Address: 1419 RED PINE TRAIL  
City-St-Zip: WELLINGTON, FL

Title: D ( ) Delete  
Name: TONKS, SIMON  
Address: 16393 E. GOLDCUP DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: TONKS, PAUL,  
Address: 1419 RED PINE TRAIL  
City-St-Zip: WELLINGTON, FL 33414 US

Title: VS (X) Change ( ) Addition  
Name: TONKS, JEAN,  
Address: 1419 RED PINE TRAIL  
City-St-Zip: WELLINGTON, FL 33414 US

Title: D (X) Change ( ) Addition  
Name: TONKS, SIMON  
Address: 16393 E. GOLDCUP DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470 US

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 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: JEAN TONKS

VS

01/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date