

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34642

FILED
Apr 15, 2009
Secretary of State

Entity Name: HOME CARE SERVICES, INC.

Current Principal Place of Business:

3340 FAIRLANE FARMS RD
SUITE 6
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

1419 RED PINE TRAIL
WEST PALM BEACH, FL 33414 US

New Mailing Address:

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 33414 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (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 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

VP

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date