2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L75141

Entity Name: ANGEL HOME HEALTH CARE, INC.

Current Principal Place of Business:

1401 E. 4TH AVENUE
202
HIALEAH, FL 33010 US

New Principal Place of Business:

1401 E 4TH AVE
STE 202
HIALEAH, FL 33010 US

Current Mailing Address:

1401 E. 4TH AVENUE
202
HIALEAH, FL 33010 US

New Mailing Address:

1401 E 4TH AVE
STE 202
HIALEAH, FL 33010 US

FEI Number: 65-0196081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUIRANTES, TULIO
1401 E. 4TH AVE., SUITE#102
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

QUIRANTES, TULIO
1401 E 4TH AVE
STE 102
HIALEAH, FL 33010 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: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: QUIRANTE, TULIO
Address: 1401 E. 4TH AVE., SUITE#102
City-St-Zip: HIALEAH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: QUIRANTES, TULIO
Address: 1401 E 4TH AVE, SUITE 102
City-St-Zip: HIALEAH, FL 33010

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: TULIO QUIRANTES PTSD 04/25/2005
Electronic Signature of Signing Officer or Director — Date