2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N05000005123

Entity Name: UMABEL HOME HEALTH CARE INC.

Current Principal Place of Business:

9715 W. BROWARD BLVD., STE. 231
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

9715 W. BROWARD BLVD., STE. 231
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 13-4296804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELVA, FRANTZ DR.
9715 W. BROWARD BLVD., STE. 231
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MATHILDA, LAPORTE .
9715 W. BROWARD BLVD., STE. 231
PLANTATION, FL 33324 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: MATHILDA LAPORTE 04/28/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: LAPORTE, MATHILDA M. MS
Address: 9715 W. BROWARD BLVD., STE. 231
City-St-Zip: PLANTATION, FL 33324

Title: CEO ( ) Delete
Name: DELVA, FRANTZ MD.
Address: 9715 W. BROWARD BLVD., STE. 231
City-St-Zip: PLANTATION, FL 33324

Title: DP ( ) Delete
Name: MONTPREMIER, MILELSON
Address: 3540 NW 50TH AVE., STE. K318
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DVP ( ) Delete
Name: MONTPREMIER, EDMUND
Address: 3540 NW 50TH AVE., STE. K318
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D (X) Delete
Name: MARTELLY, MARCELLE PHD
Address: 1440 NE 201 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D (X) Delete
Name: STUART, DELVA MR.
Address: 3101 NW 47TERRACE SUITE 129-4
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: LAPORTE, MATHILDA MS
Address: 9715 W. BROWARD BLVD., STE. 231
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATHILDA LAPORTE PRES 04/28/2007
Electronic Signature of Signing Officer or Director Date