

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066025

FILED
Jan 16, 2006
Secretary of State

Entity Name: WILLSAND HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

6555 NW 36TH STREET, SUITE #216
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

6501NW 36TH STREET, SUITE #456
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

6555 NW 36TH STREET, SUITE #216
VIRGINIA GARDENS, FL 33166

New Mailing Address:

6501 NW 36TH STREET, SUITE # 456
VIRGINIA GARDENS, FL 33166

FEI Number: 65-1022805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESEALONA, EULISES
6555 NW 36 ST SUITE 216
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

ESCALONA, EULISES
6501NW 36 ST SUITE 456
MIAMI, FL 33166 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: EULISES ESCALONA

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: ESCALONA, EULISES
Address: 6555 NW 36TH ST., STE. 216
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: ESCALONA, EULISES
Address: 6555 NW 36TH ST., STE. 216
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: ESCALONA, EULISES
Address: 6501 NW 36TH ST., STE. 456
City-St-Zip: MIAMI, FL 33166

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

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: EULISES ESCALONA

PVST

01/16/2006

Electronic Signature of Signing Officer or Director

Date