

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003469

FILED
May 01, 2005
Secretary of State

Entity Name: ALL STAR HOME HEALTH, INC.

Current Principal Place of Business:

4699 N. STATE RD 7
SUITE K
TAMARAC, FL 33319

New Principal Place of Business:

3500 N STATE ROAD 7
SUITE 407
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4699 N. STATE RD 7
SUITE K
TAMARAC, FL 33319

New Mailing Address:

3500 N STATE ROAD 7
SUITE 407
LAUDERDALE LAKES, FL 33319

FEI Number: 48-1256485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAISLEY, ANDREW B
3620 NW 34 TERRACE
LAUDERDALE LAKES, FL 33309 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: PCEO () Delete
Name: PAISLEY, ANDREW
Address: 4699 N. STATE RD 7
City-St-Zip: TAMARAC, FL 33319

Title: V () Delete
Name: HUMAN RESOURCE MARGR, ET JONES
Address: 4699 N. STATE RD 7
City-St-Zip: TAMARAC, FL 33319

Title: S () Delete
Name: CODNER, ANDREA
Address: 4699 N. STATE RD 7
City-St-Zip: TAMARAC, FL 33319

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: PAISLEY, ANDREW
Address: 3500 N STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: V (X) Change () Addition
Name: HUMAN RESOURCE MARGR, ET JONES
Address: 3500 N STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S (X) Change () Addition
Name: CODNER, ANDREA
Address: 3500 N STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Change (X) Addition
Name: LORNA, PAISLEY
Address: 3500 N STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: ANDREW PAISLEY

PCEO

05/01/2005

Electronic Signature of Signing Officer or Director

_____ Date