2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# P01000098117

Entity Name: HOME COMPANION SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

400 SOUTH FEDERAL HWY
SUITE 412
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

400 SOUTH FEDERAL HWY
SUITE 412
BOYNTON BEACH, FL 33435

New Mailing Address:

224 CITRUS TRAIL
BOYNTON BEACH, FL 33436

FEI Number: 65-1148400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORNECK, WILLIAM
400 SOUTH FEDERAL HWY
SUITE 412
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

HORNECK, WILLIAM
224 CITRUS TRAIL
BOYNTON BEACH, FL 33436 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: WILLIAM HORNECK 04/04/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VSTD ( ) Delete
Name: HORNECK, WILLIAM
Address: 400 SOUTH FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD ( ) Delete
Name: SCHER, EDWARD A
Address: 400 SOUTH FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSTD (X) Change ( ) Addition
Name: HORNECK, WILLIAM
Address: 224 CITRUS TRAIL
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD (X) Change ( ) Addition
Name: SCHER, EDWARD A
Address: 400 SOUTH FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435

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: WILLIAM HORNECK VSTD 04/04/2006
Electronic Signature of Signing Officer or Director Date