


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000019781
 1. Entity Name
 LITTLE BUDDIES HOME CARE, INC.



Principal Place of Business
 2429 S RAMONA CIRCLE
 TAMPA, FL 33612-8415

Mailing Address
 2429 S RAMONA CIRCLE
 TAMPA, FL 33612-8415

DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
 52-2223706

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JANEZIC, JOSEPH
 4815 E BUSCH BLVD. SUITE 113
 TAMPA, FL 33617

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOLVERE, FRANCIS
STREET ADDRESS	2429 S RAMONA CIRCLE
CITY-ST-ZIP	TAMPA, FL 336128415
TITLE	VP
NAME	WILLOCK, CHAZ
STREET ADDRESS	2429 S RAMONA CIRCLE
CITY-ST-ZIP	TAMPA, FL 336128415
TITLE	T
NAME	FRANCIS, VENETA
STREET ADDRESS	2429 S RAMONA CIRCLE
CITY-ST-ZIP	TAMPA, FL 336128415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000472875
 03/30/06-80011-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] Date: 3/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #