


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000040270 1. Entity Name NATIONAL HOME HEALTH ASSOCIATION, INC.	
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Principal Place of Business 7935 WOODVINE CIR TAMPA, FL 33615	Mailing Address 7935 WOODVINE CIR TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

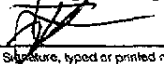
4. FEI Number 01-0669261	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VERDECIA, JOAQUIN L 7935 WOODVINE CIR TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE

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: 4-27-06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERDECIA, JOAQUIN L 7935 WOODVINE CIR TAMPA, FL 33615
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U00000563886
05/20/06-80031-009 150.00

DO NOT WRITE IN THIS SPACE

U00000563886
05/20/06-80031-010 8.75

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: 	DATE: 4-27-06
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