

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049649

FILED
Feb 14, 2005
Secretary of State

Entity Name: ABSOLUTE HOME HEALTH CARE, INC.

Current Principal Place of Business:

1000 EMMETT STREET
#202
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1000 EMMETT STREET
#202
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 04-3660155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, MANUEL
2890 EGRETS LANDING DRIVE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

MEDINA, MANUEL
1771 ASTOR FARMS PLACE
SANFORD, FL 32771 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:

02/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEDINA, MANUEL
Address: 2890 EGRETS LANDING DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: O () Delete
Name: MEDINA, MELISA
Address: 2890 EGRETS LANDING
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: HOLLEY, LORETTA
Address: 330 MOFFAT LOOP
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: SABAGAL, ALBA
Address: 1838 NESTLEWOOD TR
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Delete
Name: CARTER, RENEE
Address: 1926 BLUEFOX CT
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEDINA, MANUEL
Address: 1771 ASTOR FARMS PLACE
City-St-Zip: SANFORD, FL 32771

Title: O (X) Change () Addition
Name: MEDINA, MELISA
Address: 1771 ASTOR FARMS PLACE
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: CARTER, RENEE
Address: 1926 BLUEFOX COURT
City-St-Zip: ORLANDO, FL 32825

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

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 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: MELISA MEDINA

O

02/14/2005

Electronic Signature of Signing Officer or Director

Date