

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049649

**FILED**  
**Apr 24, 2006**  
**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:**

1000 EMMETT STREET  
#102  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1000 EMMETT STREET  
#202  
KISSIMMEE, FL 34741

**New Mailing Address:**

1000 EMMETT STREET  
#102  
KISSIMMEE, FL 34741

**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  
1771 ASTOR FARMS PLACE  
SANFORD, FL 32771 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: D ( ) Delete  
Name: MEDINA, MANUEL  
Address: 1771 ASTOR FARMS PLACE  
City-St-Zip: SANFORD, FL 32771

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: MANUEL MEDINA

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date