

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049649

FILED
May 17, 2007
Secretary of State

Entity Name: ABSOLUTE HOME HEALTH CARE, INC.

Current Principal Place of Business:

1000 EMMETT STREET
#102
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1000 EMMETT STREET
#102
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
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MELISA MEDINA

CFO

05/17/2007

Electronic Signature of Signing Officer or Director

Date