2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# P02000060225

Entity Name: PREMIER PLUS HOME HEALTH, INC.

Current Principal Place of Business:

5040 NW 7TH STREET
SUITE 410
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5040 NW 7TH STREET
SUITE 410
MIAMI, FL 33126

New Mailing Address:

FEI Number: 33-1008481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, HARVIE N
5040 NW 7TH STREET
SUITE 410
MIAMI, FL 33126 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: CEO ( ) Delete
Name: BUTLER, HARVIE
Address: 4521 NW 7TH ST
City-St-Zip: HIALEAH, FL 33017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: BUTLER, HARVIE
Address: 2405 RIVERLANE TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

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: HARVIE N BUTLER CEO 02/22/2005

Electronic Signature of Signing Officer or Director — Date