2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P02000072105

Entity Name: EXTENDED HOME CARE UNLIMITED, INC.

Current Principal Place of Business:

14590 S. MILITARY TRAIL
SUITE E-12
DELRAY BEACH, FL 33484

New Principal Place of Business:

6803 W. COMMERCIAL BLVD
TAMARAC, FL 33319

Current Mailing Address:

6803 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 02-0629894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPARKS, CLAIRE
6803 W. COMMERCIAL BLVD.
TAMARAC, FL 33319 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/P ( ) Delete
Name: SPARKS, CLAIRE
Address: 6803 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: D/S ( ) Delete
Name: WILLIAMS, NATASHA
Address: 3206 N.W 89 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

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 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: CLAIRE SPARKS D/P 04/27/2006

Electronic Signature of Signing Officer or Director Date