2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086165

Entity Name: ASSISTING ANGELS, HOME CARE, INC.

FILED Jan 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5190 NW 167 STREET 5190 NW 167 STREET SUITE #113 5UITE #104A

MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

5190 NW 167 STREET 5190 NW 167 STREET SUITE #113 SUITE #104A MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

FEI Number: 51-0421379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PENA, NORTON J PRESIDE

15579 MIAMI LAKEWAY NORTH

#206

MIAMI LAKES, FL 33014 US

PENA, NORTON J PRESIDE

2840 EVERGREEN WAY

COOPER CITY, FL 33026 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: NORTON J. PENA 01/03/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: PENA, NORTON J PENA, NORTON J

 Address:
 15579 MIAMI LAKE WAY NORTH APT 206
 Address:
 2840 EVERGREEN WAY

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 COOPER CITY, FL 33026

Title: DV () Delete Title: DV (X) Change () Addition Name: HENDRY, MARICELIS Name: HENDRY, MARICELIS

Name:HENDRY, MARICELISName:HENDRY, MARICELISAddress:15579 MIAMI LAKE WAY NORTH APT 206Address:2840 EVERGREEN WAYCity-St-Zip:MIAMI LAKES, FL 33014City-St-Zip:COOPER CITY, FL 33026

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: NORTON J. PENA DP 01/03/2007