2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# P02000086165

Entity Name: ASSISTING ANGELS, HOME CARE, INC.

Current Principal Place of Business:

3408 W 84 ST, 304
HIALEAH, FL 33018

New Principal Place of Business:

3408 W 84TH STREET
#304
HIALEAH, FL 33018 US

Current Mailing Address:

3408 W 84 ST, 304
HIALEAH, FL 33018

New Mailing Address:

3408 W 84TH STREET
#304
HIALEAH, FL 33018 US

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

Name and Address of Current Registered Agent:

PENA, NORTON J PRESIDE
2840 EVERGREEN WAY
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

PENA, NORTON J
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 01/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PENA, NORTON J
Address: 2840 EVERGREEN WAY
City-St-Zip: COOPER CITY, FL 33026

Title: DV ( ) Delete
Name: HENDRY, MARICELIS
Address: 2840 EVERGREEN WAY
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PENA, NORTON J
Address: 2840 EVERGREEN WAY
City-St-Zip: COOPER CITY, FL 33026 US

Title: DV (X) Change ( ) Addition
Name: HENDRY-PENA, MARICELIS
Address: 2840 EVERGREEN WAY
City-St-Zip: COOPER CITY, FL 33026 US

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: NORTON J. PENA PRES 01/23/2009
Electronic Signature of Signing Officer or Director Date