

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109053

FILED
Jan 24, 2006
Secretary of State

Entity Name: COMPLETE HOME HEALTH CARE, INC.

Current Principal Place of Business:

1200 S FEDERAL HWY SUITE 205
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

1200 S FEDERAL HWY SUITE 205
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 61-1445626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABIB, BAHER
7491 RIDGEFIELD LANE
LAKE WORTH, FL 33467 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: P () Delete
Name: HABIB, BAHER F
Address: 7491 RIDGEFEILD LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: T () Delete
Name: ISHAK, EMAD
Address: 10288 HUNT CLUB LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: SCHOTT, ROBERT A
Address: 4371 EMPRESS ST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Delete
Name: GREENHALGH, TERRY
Address: 7491 RIDGEFIELD LANE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BAHER HABIB

P

01/24/2006

Electronic Signature of Signing Officer or Director

Date