2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# P02000116768

Entity Name: NEW AGE HOME HEALTH CARE INC.

Current Principal Place of Business:

8890 SW 24TH ST., #218
MIAMI, FL 33155

New Principal Place of Business:

8890 SW 24TH ST., #218
MIAMI, FL 33165

Current Mailing Address:

8890 SW 24TH ST., #218
MIAMI, FL 33155

New Mailing Address:

8890 SW 24TH ST., #218
MIAMI, FL 33165

FEI Number: 16-1636484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MONZON, YOEL
8890 SW 24TH ST., #218
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

MONZON, YOEL
8890 SW 24TH ST., #218
MIAMI, FL 33165 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: _____ 03/02/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MONZON, YOEL
Address: 8890 SW 24TH ST., #218
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MONZON, YOEL
Address: 8890 SW 24TH ST., #218
City-St-Zip: MIAMI, FL 33165

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: YOEL MONZON PD 03/02/2006
Electronic Signature of Signing Officer or Director — Date