

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004078

FILED
Apr 24, 2009
Secretary of State

Entity Name: HARMONY HOMECARE SERVICES, INC.

Current Principal Place of Business:

2853 ABINGTON AVE
ORLANDO, FL 32826 US

New Principal Place of Business:

9530 HERON POINTE DR
ORLANDO, FL 32832 US

Current Mailing Address:

PO BOX 7201225
ORLANDO, FL 32872 US

New Mailing Address:

FEI Number: 55-0808772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERS, EDGAR A
9530 HERON POINTE DR
ORLANDO, FL 32832 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: PRES () Delete
Name: PETERS, EDGAR A
Address: 9827 HERON POINTE DR
City-St-Zip: ORLANDO, FL 32832 US

Title: CEO () Delete
Name: PETERS, EDGAR A
Address: P.O.BOX 720125
City-St-Zip: ORLANDO, FL 32872 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PETERS, EDGAR A
Address: 9530 HERON POINTE DR
City-St-Zip: ORLANDO, FL 32832 US

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

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: EDGAR A. PETERS

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date