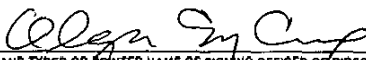


FILED
Jan 29, 2007 8:00 am
Secretary of State

UUUUUUUU -

DOCUMENT # P03000010738 1. Entity Name SUNNY HOME CARE, INC.			01-29-2007 90094 046 ***150.00																																																																																	
Principal Place of Business 9099 NW 113TH STREET HIALEAH GARDENS, FL 33018		Mailing Address 9099 NW 113TH STREET HIALEAH GARDENS, FL 33018																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																		
																																																																																				
		01172007 Chg-P CR2E034 (12/06)																																																																																		
		4. FEI Number 76-0729758 Applied For Not Applicable																																																																																		
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name OLGA CRUZ Street Address (P.O. Box Number is Not Acceptable) 9099 N.W. 113th Street City Hialeah Gardens FL Zip Code 33018																																																																																		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 1/9/07																																																																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 40%;">NAME</td><td style="width: 10%; text-align: center;">☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td>CRUZ, OLGA</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>9099 NW 113TH STREET HIALEAH GARDENS, FL 33018</td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: center;">☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td>VP CRUZ, IRALDO</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>9099 NW 113TH STREET HIALEAH GARDENS, FL 33018</td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: center;">☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: center;">☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: center;">☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>		TITLE	NAME	☐ Delete	STREET ADDRESS	CRUZ, OLGA		CITY - ST - ZIP	9099 NW 113TH STREET HIALEAH GARDENS, FL 33018		TITLE	NAME	☐ Delete	STREET ADDRESS	VP CRUZ, IRALDO		CITY - ST - ZIP	9099 NW 113TH STREET HIALEAH GARDENS, FL 33018		TITLE	NAME	☐ Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 40%;">NAME</td><td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: center;">☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: center;">☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: center;">☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																				
SIGNATURE: 		Date 1/9/07 Daytime Phone #																																																																																		
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