



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000026656 1. Entity Name ANGELS OF THE HEART HOME CARE, INC.	
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Principal Place of Business 3951 N. HAVERHILL RD SUITE 204 WEST PALM BEACH, FL 33417	Mailing Address PO BOX 223615 WEST PALM BEACH, FL 33422-3615
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0610285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, JENNIFER
11655-C FICUS STREET
PALM BEACH, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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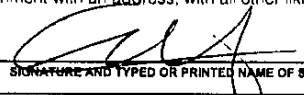
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, JENNIFER 11655-C FICUS STREET PALM BEACH, FL 33410
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05/24/07-80032-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____