

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041472

Entity Name: A.A.A. HOME SURGICAL CORP

FILED
May 10, 2006
Secretary of State

Current Principal Place of Business:

5700 MW 111 TERR
HIALEAH, FL 33012

New Principal Place of Business:

5002 E. 8 CT.
HIALEAH, FL 33013

Current Mailing Address:

5700 MW 111 TERR
HIALEAH, FL 33012

New Mailing Address:

5002 E. 8 CT.
HIALEAH, FL 33013

FEI Number: 65-1183552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLAN, CARLOS A
5700 MW 111 TERR
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

MILLAN, CARLOS A
5002 E. 8 CT.
HIALEAH, FL 33013 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: CARLOS A. MILLAN

05/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLAN, CARLOS A
Address: 5700 MW 111 TERR
City-St-Zip: HIALEAH, FL 33012

Title: PVTs () Delete
Name: MILLAN, CARLOS A
Address: 5700 MW 111 TERR
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILLAN, CARLOS A
Address: 5002 E. 8 CT.
City-St-Zip: HIALEAH, FL 33013

Title: PVTs (X) Change () Addition
Name: MILLAN, CARLOS A
Address: 5002 E. 8 CT.
City-St-Zip: HIALEAH, FL 33013

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: CARLOS A. MILLAN

PR

05/10/2006

Electronic Signature of Signing Officer or Director

Date