2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# P03000053950

Entity Name: ALL THE BEST HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

1501 CORPORATE DR STE 220
BOYNTON BCH, FL 33426

New Principal Place of Business:

2806 N 34 AVE
HOLLYWOOD, FL 33021

Current Mailing Address:

1501 CORPORATE DR STE 220
BOYNTON BCH, FL 33426

New Mailing Address:

2806 N 34 AVE
HOLLYWOOD, FL 33021

FEI Number: 06-1695157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APPLIED CUSTOMER TECHNOLOGIES, INC.
ATTN: DAVID LIEF
2806 N 34TH AVE
HOLLYWOOD, FL 33021 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: D ( ) Delete
Name: LIEF, DAVID
Address: 2806 N 34TH AVE
City-St-Zip: HOLLYWOODCH, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID LIEF CEO 03/25/2004
Electronic Signature of Signing Officer or Director — Date