## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000057167

Entity Name: CHANGING TIDES HOME HEALTH, INC.

FILED Apr 19, 2007 Secretary of State

| Current Principal Place of Business:               |   |                                |  | New Principal Place of Business:                         |                                      |  |
|--|---|--------------------------------|--|--|--------------------------------------|--|
| 1218 SE 47TH ST, SUITE 307<br>CAPE CORAL, FL 33904 |   |                                |  | 12381 S CLEVELAND AVE<br>SUITE 404<br>FT MYERS, FL 33907 |                                      |  |
| Current Mailing Address:                           |   |                                |  | New Mailing Address:                                     |                                      |  |
| 1218 SE 47TH ST, SUITE 307<br>CAPE CORAL, FL 33904 |   |                                | SUITE                                    | 12381 S CLEVELAND AVE<br>SUITE 404<br>FT MYERS, FL 33907 |                                      |  |
| FEI Number   | : 55-0832428                                      | FEI Number Applied For ( )     | FEI Number Not                           | Applicable ( )   | Certificate of Status Desired ( )    |  |
| Name and Address of Current Registered Agent:      |   |                                |  | Name and Address of New Registered Agent:                |                                      |  |
| SUITE 401  | DÉS ROAD  | 1 US                           |  |  |                                      |  |
|  | e named entity<br>e of Florida.                   | submits this statement for the | purpose of changi                        | ng its registered  | office or registered agent, or both, |  |
| SIGNATU  | RE:   |                                |  |  |                                      |  |
|  | Electro   | nic Signature of Registered Ag | jent                                     |  | Date                                 |  |
| Election Car                                       | mpaign Financin                                   | g Trust Fund Contribution ( ). |  |  |                                      |  |
| OFFICERS AND DIRECTORS:                            |   |                                |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:             |                                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:        | P (<br>BRAGG, GARF<br>6450 NW 5TH<br>FT. LAUDERDA | WAY                            | Title:<br>Name:<br>Address:<br>City-St-Z |  | ()Change ()Addition                  |  |

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: GARRETT BRAGG P 04/19/2007