2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 05, 2005
Secretary of State

DOCUMENT# P03000064444

Entity Name: HEART 2 HEART HOME HEALTHCARE AGENCY INC.

Current Principal Place of Business:

6289 W. SUNRISE BLVD.
#262
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6289 W. SUNRISE BLVD.
#262
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 56-2366005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEAU, MARVA
6289 WEST SUNRISE BLVD.
SUITE 262
SUNRISE, FL 33313 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARTINEAU, MARVA
Address: 6289 W. SUNRISE BLVD, # 262
City-St-Zip: SUNRISE, FL 33313

Title: VD ( ) Delete
Name: MARTINEAU, KEVIN
Address: 6289 WEST SUNRISE BLVD., STE. 262
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: MARTINEAU, MAWASI A
Address: 6289 WEST SUNRISE BLVD., STE. 262
City-St-Zip: SUNRISE, FL 33313

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: MARVA MARTINEAU PD 08/05/2005

Electronic Signature of Signing Officer or Director — Date