2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P03000069985

Entity Name: LIFELINE HOME HEALTHCARE PROVIDERS, INC.

Current Principal Place of Business:

1425 NW 82ND AVENUE
2ND FLOOR
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

1425 NW 82ND AVENUE
2ND FLOOR
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-0055571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

JORGE L. PIEDRA, P.A.
2950 SW 27 AVE
#300
MIAMI, FL 33133 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: JORGE L. PIEDRA 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PIEDRA, MANUEL
Address: 4500 LE JEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: JONUSAS, EMILIA
Address: 4500 LE JEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: RAVELO, JORGE
Address: 4500 LE JEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MANUEL PIEDRA COO 04/28/2005
Electronic Signature of Signing Officer or Director Date