2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90018 046 ***150.00

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1. Entity Name

TOTAL HOMEMINDING CARE, INC.

Principal Place of Business	Mailing Address
5184 TARRAGON LANE PALM BEACH GARDENS FL 33418 US	P.O. BOX 31011 PALM BEACH GARDENS FL 33418 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
506 PELICAN LANE N.	506 PELICAN LANE N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER, FL.	City & State: JUPITER, FL.
Zip: 33458 Country: PALM BEACH	Zip: 33458 Country: PALM BEACH

4. FEI Number 37-1476762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIRENZO, DANIEL P
506 PELICAN LANE
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTELLO, RALPH A 5184 TARRAGON LANE PALM BEACH GARDENS FL 33418	☒ Delete	PRESIDENT DiRENZO, DANIEL P. 506 PELICAN LANE N. JUPITER, FL. 33458	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTELLO, CAROLYN M 5184 TARRAGON LANE PALM BEACH GARDENS FL 33418	☒ Delete	VICE PRESIDENT DiRENZO, MERN A. 506 PELICAN LANE N. JUPITER, FL. 33458	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel P. DiRenzo 2/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #