

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078662

FILED
Apr 30, 2005
Secretary of State

Entity Name: ABOVE ALL HOME CARE SERVICES, INC.

Current Principal Place of Business:

118 SW 12 AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

146 VIA D'ESTE DR.
1002
DELRAY BEACH, FL 33445

Current Mailing Address:

118 SW 12 AVE
DELRAY BEACH, FL 33444

New Mailing Address:

146 VIA D'ESTE DR.
1002
DELRAY BEACH, FL 33445

FEI Number: 13-4262280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASIER, ADRIENNE
118 SW 12 AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

FRASIER, ADRIENNE
146 VIA D'ESTE DR.
1002
DELRAY BEACH, FL 33445 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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FRASIER, ADRIENNE MISS
Address: 118 S.W. 12TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: FRASIER, ADRIENNE MISS
Address: 146 VIA D'ESTE DR. APT.1002
City-St-Zip: DELRAY BEACH, FL 33445

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: ADRIENNE FRASIER

CEO

04/30/2005

Electronic Signature of Signing Officer or Director

Date