

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101275

Entity Name: PRN HOME CARE, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

2176 SARNO ROAD
STE 102
MELBOURNE, FL 32935

Current Mailing Address:

2176 SARNO ROAD
STE 102
MELBOURNE, FL 32935

FEI Number: 65-1204532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

2226 SARNO ROAD
STE 111
MELBOURNE, FL 32935

New Mailing Address:

2226 SARNO ROAD
STE 111
MELBOURNE, FL 32935

Name and Address of Current Registered Agent:

MORRISON, DOUGLAS
2176 SARNO ROAD, STE 102
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

MORRISON, DOUGLAS
2226 SARNO ROAD, STE 111
MELBOURNE, FL 32935 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: _____

Electronic Signature of Registered Agent

01/16/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRISON, DOUGLAS
Address: 2176 SARNO ROAD, STE 102
City-St-Zip: MELBOURNE, FL 32935

Title: VD () Delete
Name: MORRISON, MARGO
Address: 2176 SARNO ROAD, STE 102
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORRISON, DOUGLAS
Address: 2226 SARNO ROAD, STE 111
City-St-Zip: MELBOURNE, FL 32935

Title: VD (X) Change () Addition
Name: MORRISON, MARGO
Address: 2226 SARNO ROAD, STE 111
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS MORRISON

Electronic Signature of Signing Officer or Director

PRES

01/16/2009

Date