2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000013605

Entity Name: AMERICANA HOME HEALTH CARE, INC.

Current Principal Place of Business:

15155 N.W. 7 AVE., STE. #2
MIAMI, FL 33169

New Principal Place of Business:

633 NE 167TH STREET
SUITE # 614
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

15155 N.W. 7 AVE., STE. #2
MIAMI, FL 33169

New Mailing Address:

633 NE 167TH STREET
SUITE # 614
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-0611728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEANGILLES, WILBENS
15155 N.W. 7 AVE., STE. #2
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

JEANGILLES, WILBENS
633 NE 167TH STREET
SUITE # 614
NORTH MIAMI BEACH, FL 33162 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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JEANGILLES, WILBENS
Address: 15155 N.W. 7 AVE., STE. #2
City-St-Zip: MIAMI, FL 33169

Title: V ( ) Delete
Name: HYPPOLI, MARIE-ANGE
Address: 15155 N.W. 7 AVE., STE. #2
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JEANGILLES, WILBENS
Address: 633 NE 167TH STREET SUITE # 614
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: V (X) Change ( ) Addition
Name: HYPPOLI, MARIE-ANGE
Address: 633 NE 167TH STREET SUITE # 614
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: JEANGILLES WILBENS PD 04/29/2005
Electronic Signature of Signing Officer or Director — Date