## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000026165

Entity Name: CUTTING EDGE TOTAL HOME CARE, INC.

**FILED** Apr 30, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** POST OFFICE BOX 261233 TAMPA, FL 336851233 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 261233 TAMPA, FL 336851233 FEI Number: 34-1984035 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PALMATIER, LARRY 1534 THISTLE DOWN DRIVE BRANDON, FL 33510 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PALMATIER, LARRY Name: Name: 1534 THISTLEDOWN DRIVE Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

Name: SCOGGINS, JESS Name: SCOGGINS, JESS 7607 W POWHATAN AVENUE Address: 409 S BARBARA LANE Address: TAMPA, FL 33615 TAMPA, FL 33609 City-St-Zip: 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: JESS R SCOGGINS 04/30/2005 CEO