2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P04000040117

Entity Name: AT HOME COMPANION OF FLORIDA, INC.

Current Principal Place of Business:

1364 E VINE ST
KISSIMMEE, FL 34744

New Principal Place of Business:

3373 WEST VINE STREET
SUITE 204
KISSIMMEE, FL 34741

Current Mailing Address:

1364 E VINE ST
KISSIMMEE, FL 34744

New Mailing Address:

3373 WEST VINE STREET
SUITE 204
KISSIMMEE, FL 34741

FEI Number: 20-0828472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NUGUID, RAMON
1499 BEACON DRIVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

ARANETA, LUIS M
14731 GRAND COVE DRIVE
ORLANDO, FL 32837 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: LUIS MARIA ARANETA 04/21/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTCD ( ) Delete
Name: NUGUID, RAMON T
Address: 1499 BEACON DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: V ( ) Delete
Name: ARANETA, MARIA LUIS
Address: 14781 GRAND COVE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete
Name: MARASIGAN, REMEDIOS
Address: 14823 TWIN MAPLE ST
City-St-Zip: HOUSTON, TX 77082

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARANETA, LUIS M
Address: 14731 GRAND COVE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: VP (X) Change ( ) Addition
Name: LICONG, JULIUS
Address: 3405 PERCHING ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: BAQUIRAN, DANILO
Address: 6914 WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS MARIA ARANETA P 04/21/2006
Electronic Signature of Signing Officer or Director Date