

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040117

FILED
Jan 24, 2008
Secretary of State

Entity Name: AT HOME COMPANION OF FLORIDA, INC.

Current Principal Place of Business:

3373 WEST VINE STREET
SUITE 204
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3373 WEST VINE STREET
SUITE 204
KISSIMMEE, FL 34741

New Mailing Address:

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

Name and Address of Current Registered Agent:

ARANETA, LUIS M
14731 GRAND COVE DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

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

Title: VP () Delete
Name: VALLE, FRANK
Address: 2014 LIVE OAK BLVD
City-St-Zip: ST. CLOUD, FL 34771

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ARANETA LUIS

_____ Electronic Signature of Signing Officer or Director

DIR.

01/24/2008

_____ Date