




2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000050082 1. Entity Name IMPERIAL HOME HEALTH CARE, INC				FILED 08 MAY 16 AM 11:35 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 7991 JOHNSON STREET, SUITE A PEMBROKE PINES, FL 33024		Mailing Address 7991 JOHNSON STREET, SUITE A PEMBROKE PINES, FL 33024		 04252008 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 4. FEI Number 56-2449010 </td> <td style="width: 20%; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 56-2449010	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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<h2>DO NOT WRITE IN THIS SPACE</h2>									
6. Name and Address of Current Registered Agent ADEYIGA, JULIUS 7991 JOHNSON STREET SUITE A PEMBROKE PINES, FL 33024		<h2>DO NOT WRITE IN THIS SPACE</h2>							
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		 100130897001 06/05/08--01006--017 **\$500.00 <h2>DO NOT WRITE IN THIS SPACE</h2>					
10. OFFICERS AND DIRECTORS									
TITLE	P								
NAME	ADEYIGA, VALDA J								
STREET ADDRESS	8579 SW 23RD COURT								
CITY - ST - ZIP	MIRAMAR, FL 33025								
TITLE	VP								
NAME	ADEYIGA, JULIUS A								
STREET ADDRESS	8579 SW 23RD COURT								
CITY - ST - ZIP	MIRAMAR, FL 33025								
TITLE									
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE									
NAME									
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CITY - ST - ZIP									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:  V. President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/25/08 <small>Date</small>		(954) 986-2920 <small>Daytime Phone #</small>					