2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050648

Entity Name: BETTER CARE HOME HEALTH SERVICES, INC.

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 % SHELDON ENGELHARD
 7951 SW 6TH ST

 7900 GLADES RD, STE 330
 # 107

BOCA RATON, FL 33434 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

% SHELDON ENGELHARD 7951 SW 6TH ST

7900 GLADES RD, STE 330 # 107

BOCA RATON, FL 33434 PLANTATION, FL 33434

FEI Number: 01-0811394 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:

ENGELHARD, SHELDON 7900 GLADES RD STE 330

BOCA RATON, FL 33434 US

TEICHER, ROBERT 10177 NW 1ST MANOR CORAL SPRINGS, FL 33071 US

WESTON, FL 33326

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: ROBERT TEICHER 04/21/2005

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 Name:
 TEICHER, ROBERT

 Address:
 4ddress:
 10177 NW 1ST MANOR

Address: Address: 10177 NW 1ST MANOR
City-St-Zip: CORAL SPRINGS, FL 333071

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

 Name:
 Name:
 GAINZA, GUTELLE

 Address:
 4ddress:
 16703 SW 5TH COURT

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: ROBERT TEICHER PRES 04/21/2005