

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058065

Entity Name: "A" CLASS HOME HEALTH, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

5546 WEST OAKLAND PARK BLVD.  
STE 209  
LAUDERHILL, FL 33319

## New Principal Place of Business:

5546 WEST OAKLAND PARK BLVD.  
STE 209  
LAUDERHILL, FL 33313

## Current Mailing Address:

5546 WEST OAKLAND PARK BLVD.  
STE 209  
LAUDERHILL, FL 33319

## New Mailing Address:

5546 WEST OAKLAND PARK BLVD.  
STE 209  
LAUDERHILL, FL 33313

FEI Number: 20-1454586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ELLIOTT, ANGELA  
5546 WEST OAKLAND PARK BLVD.  
STE 209  
LAUDERHILL, FL 33319 US

## Name and Address of New Registered Agent:

ELLIOTT, ANGELLA  
5546 WEST OAKLAND PARK BLVD.  
STE 209  
LAUDERHILL, FL 33313 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: ANGELLA ELLIOTT

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ELLIOTT, ANGELA  
Address: 5546 WEST OAKLAND PARK BLVD. STE 209  
City-St-Zip: LAUDERHILL, FL 33319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ELLIOTT, ANGELLA  
Address: 5546 WEST OAKLAND PARK BLVD. STE 209  
City-St-Zip: LAUDERHILL, FL 33313

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: ANGELLA ELLIOTT

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date