2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P04000058065

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

Current Principal Place of Business:

5419 NORTH STATE ROAD 7
TAMARAC, FL 33319

New Principal Place of Business:

3075 WEST OAKLAND PARK BLVD.
SUITE 102
OAKLAND PARK, FL 33311

Current Mailing Address:

5419 NORTH STATE ROAD 7
TAMARAC, FL 33319

New Mailing Address:

3075 WEST OAKLAND PARK BLVD.
SUITE 102
OAKLAND PARK, FL 33311

FEI Number: 20-1454586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOTT, ANGELLA
5419 NORTH STATE ROAD 7
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

ELLIOTT, ANGELLA
3075 WEST OAKLAND PARK BLVD.
SUITE 102
OAKLAND PARK, FL 33311 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 04/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELLIOTT, ANGELLA
Address: 5419 NORTH STATE ROAD 7
City-St-Zip: TAMARAC, FL 33319

Title: S ( ) Delete
Name: ELLIOTT, SANGAY
Address: 5419 NORTH STATE ROAD 7
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ELLIOTT, ANGELLA
Address: 3075 WEST OAKLAND PARK BLVD. SUITE 102
City-St-Zip: OAKLAND PARK, FL 33311

Title: S (X) Change ( ) Addition
Name: ELLIOTT, SANGAY
Address: 3075 WEST OAKLAND PARK BLVD. SUITE 102
City-St-Zip: OAKLAND PARK, FL 33311

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: SANGAY ELLIOTT S 04/08/2009
Electronic Signature of Signing Officer or Director Date