2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071010

City-St-Zip:

FT MYERS, FL 33901

Entity Name: ALL IN ONE HOME CARE, INC

FILED Apr 05, 2005 Secretary of State

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Current P	rincipal Plac	ce of Business:	New Prince	New Principal Place of Business:		
1808 OAK FT MYERS	LEY AVE 5, FL 33901					
Current Mailing Address:			New Mailing Address:			
1808 OAK FT MYERS	LEY AVE S, FL 33901					
FEI Number	: 20-1081681	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and	Address of N	lew Registered Agent:	
PALMER, 1808 OAK FT MYERS		US				
	named entity of Florida.	y submits this statement for the	purpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATU	RE:					
	Electro	onic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financi	ing Trust Fund Contribution ().				
OFFICER	S AND DIRE	CTORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (PALMER, ER 1808 OAKLE` FT MYERS, F	Y AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V (SMART, MAT 1808 OAKLE FT MYERS, F	Y AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name:	S (PALMER, STI		Title: Name:	V (X) PALMER, STEF		

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.

City-St-Zip:

FT MYERS, FL 33901

SIGNATURE: ERIC PALMER P 04/05/2005