2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000089193

Entity Name: NESS EXTENDED FAMILY HOME CARE, INC.

FILED Oct 05, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|--|--|--|---|--|--|
| 20 BISCAYI PALM COA | NE DR. ST, FL 32137 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | OLLOW LANE ST, FL 32164 | | | | |
| FEI Number: | 30-0242547 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| | , IMELDA OLLOW LANE ST, FL 32164 | 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: IMELDA LEUTERIO | | | | | |
| | Electronic | Signature of Registered Ager | nt | Date | |
| | | 2)(b), F.S., the corporation did not Trust Fund Contribution (). | receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () E LEUTERIO, IMEL 3 WOODHOLLOV PALM COAST, FL | V LANE | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |

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: IMELDA LEUTERIO MRS. 10/05/2007