2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # P04000111344** 1. Entity Name ANGÉLS ON CALL HOME CARE, INC. Mailing Address Principal Place of Business 2080 BRENDLA ROAD 2080 BRENDLA ROAD US CLEARWATER, FL 33755 CLEARWATER, FL 33755 No Chg-P CR2E034 (11/05) 04202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0092443 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PAGUIO, ZENAIDA G 2080 BRENDLA ROAD CLEARWATER, FL 33755 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and fitte if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PAGUIO, ZENAIDA G NAME 2080 BRENDLA ROAD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 U00000528760 TITLE 05/05/06-80050-008 150.08 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE RITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address. Aith all other like empowered.

SIGNATURE:

TUDE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21.06

127-488-1270

Daytime Phone

FILED