2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2007
Secretary of State

DOCUMENT# P04000117840

Entity Name: SENIOR HOME CARE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

12230 FOREST HILL BLVD.
SUITE 192
WELLINGTON, FL 33414

New Principal Place of Business:

WELLINGTON RESERVE
1035 STATE RD. 7 - STE. 135-26
WELLINGTON, FL 33414

Current Mailing Address:

12230 FOREST HILL BLVD.
SUITE 192
WELLINGTON, FL 33414

New Mailing Address:

WELLINGTON RESERVE
1035 STATE RD. 7 - STE. 135-26
WELLINGTON, FL 33414

FEI Number: 56-2475896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERCADANTE, PAT
1728 PARKWAY COURT
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: MERCADANTE, PAT
Address: 1728 PARKWAY COURT
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VP/T ( ) Delete
Name: MERCADANTE, PAT
Address: 1728 PARKWAY COURT
City-St-Zip: WEST PALM BEACH, FL 33413

Title: S ( ) Delete
Name: MERCADANTE, PAT
Address: 1728 PARKWAY COURT
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAT MERCADANTE P/D 01/21/2007

Electronic Signature of Signing Officer or Director — Date