2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132857

Entity Name: PRN HOME HEALTH OF AMERICA, INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1928 S PATRICK DR 1928 S PATRICK DRIVE

INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address: New Mailing Address:

1928 S PATRICK DR 1928 S PATRICK DRIVE

INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRISON, DOUGLAS

MORRISON, DOUGLAS

1928 S PATRICK DR

MORRISON, DOUGLAS

1928 S PATRICK DRIVE

INDIAN HARBOUR BEACH, FL 32937 US INDIAN HARBOUR BEACH, FL 32937 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: 01/05/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 () Delete
 Title:
 PRES () Change (X) Addition

 Name:
 Name:
 MORRISON, DOUGLAS

 Address:
 Address:
 1928 SOUTH PATRICK DRIVE

 City-St-Zip:
 City-St-Zip:
 INDIAN HARBOUR BEACH, FL 32934

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.

SIGNATURE: DOUGLAS MORRISON PRES 01/05/2005