2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159353

Entity Name: SUNSET HOME HEALTH CARE, INC.

FILED Mar 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

802 NW 87TH AVE., SUITE 316 175 FONTAINEBLEAU BLVD. MIAMI, FL 33172

SUITE 1P-3 MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

802 NW 87TH AVE., SUITE 316 175 FONTAINEBLEAU BLVD.

MIAMI, FL 33172 SUITE 1P-3 MIAMI, FL 33172

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:

MARTIN, ZULEIDA MARTIN, ZULEIDA 802 NW 87TH AVE., SUITE 316 175 FONTAINEBLEAU BLVD.

MIAMI, FL 33172 SUITE 1P-3 MIAMI, FL 33172 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: ZULEIDA MARTIN 03/12/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete Title: () Change () Addition

MARTIN, ZULEIDA Name: Name: 802 NW 87TH AVE., SUITE 316 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip:

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 Statutés. 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: ZULEIDA MARTIN **PRES** 03/12/2005