2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017221

Entity Name: LUCIA'S HEALTH CARE, INC.

FILED Apr 29, 2006 Secretary of State

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

2575 NW 115TH STREET APT. A314 12979 NW 9TH TERR MIAMI, FL 33167 MIAMI, FL 33182

Current Mailing Address: New Mailing Address:

2575 NW 115TH STREET APT. A314 12979 NW 9TH TERR MIAMI, FL 33167 MIAMI, FL 33182

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:

RODRIGUEZ, LUCIA
2575 NW 115TH STREET APT. A314
MIAMI, FL 33167 US
RODRIGUEZ, LUCIA
12979 NW 9TH TERR
MIAMI, FL 33182 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: LUCIA RODRIGUEZ 04/29/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

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

 Name:
 RODRIGUEZ, LUCIA
 Name:
 RODRIGUEZ, LUCIA

 Address:
 2575 NW 115TH STREET APT. A314
 Address:
 12979 NW 9TH TERR

 City-St-Zip:
 MIAMI, FL 33167
 City-St-Zip:
 MIAMI, FL 33182

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: LUCIA RODRIGUEZ PRES 04/29/2006