

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024512

FILED
Apr 24, 2006
Secretary of State

Entity Name: VANTAGE HOME HEALTH CARE INC.

Current Principal Place of Business:

633 NE 167TH ST. SUITE 1009
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

633 NE 167TH ST. SUITE 1009
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 83-0423413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUNJI, CLAYTON
563 NORTHEAST 163RD STREET
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

TUNJI, CLAYTON
633 NORTHEAST 163RD STREET
SUITE 1009
N. MIAMI BEACH, FL 33162 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: ALBERT MAYUNGBE

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: A () Delete
Name: TUNJI, CLAYTON
Address: 563 NORTHEAST 163RD STREET
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: CHINYE, ANNE
Address: 563 NORTHEAST 163RD STREET
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TUNJI, CLAYTON
Address: 563 NORTHEAST 163RD STREET
City-St-Zip: MIAMI, FL 33162

Title: VP (X) Change () Addition
Name: CHINYE, ANNE
Address: 633 NORTHEAST 163RD STREET
City-St-Zip: N. MIAMI BEACH #1009, FL 33162

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: ANNE CHINYE

VP

04/24/2006

Electronic Signature of Signing Officer or Director

Date