2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024512

FILED Feb 12, 2009 Secretary of State

Entity Name: VANTAGE HOME HEALTH CARE INC. **Current Principal Place of Business: New Principal Place of Business:** 633 NE 167TH ST. SUITE 1009 NORTH MIAMI BEACH, FL 33162 **Current Mailing Address: New Mailing Address:** 633 NE 167TH ST. SUITE 1009 NORTH MIAMI BEACH, FL 33162 FEI Number: 83-0423413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: TUNJI, CLAYTON TUNJI, CLAYTON Name: Name: 563 NORTHEAST 163RD STREET 633 NORTHEAST 163RD STREET Address: Address: City-St-Zip: MIAMI, FL 33162 City-St-Zip: MIAMI, FL 33162

() Change () Addition

Title: VΡ () Delete Title: Name: CHINYE, ANNE Name: 633 NORTHEAST 163RD STREET Address: Address: N. MIAMI BEACH #1009, FL 33162

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: TUNJI CLAYTON MR. 02/12/2009