

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040180

Entity Name: TOUCH OF LIFE HOME HEALTH, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

116 H PIERCE CHRISTIE DRIVE
VALRIE, FL 33594

New Principal Place of Business:

Current Mailing Address:

116 H PIERCE CHRISTIE DRIVE
VALRIE, FL 33594

New Mailing Address:

FEI Number: 42-1668282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKE, KENNETH
1317 PINEY BRANCH CIRCLE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

BLAKE, CHARLETHA
116 H PIERCE CHRISTIE DRIVE
VALRICO, FL 33594 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: BLAKE, CHARLETHA

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLAKE, CHARLETHA
Address: 1317 PINEY BRANCH CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: ANDERSON, TENEMA
Address: 1317 PINEY BRANCH CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BLAKE, CHARLETHA
Address: 116 H PIERCE CHRISTIE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change () Addition
Name: ANDERSON, TENEMA
Address: 116 H PIERCE CHRISTIE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VPTD () Change (X) Addition
Name: SEABROOK, ROSALINE
Address: 12210 NETHERFIELD CT
City-St-Zip: RIVERVIEW, FL 33569

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: CHARLETHA BLAKE

PSD

04/18/2006

Electronic Signature of Signing Officer or Director

Date