

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040180

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: TOUCH OF LIFE HOME HEALTH, INC.

## Current Principal Place of Business:

116 H PIERCE CHRISTIE DRIVE  
VALRIE, FL 33594

## New Principal Place of Business:

202 BEVERLY BLVD  
C  
BRANDON, FL 33511

## Current Mailing Address:

116 H PIERCE CHRISTIE DRIVE  
VALRIE, FL 33594

## New Mailing Address:

202 BEVERLY BLVD  
C  
BRANDON, FL 33511

FEI Number: 42-1668282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BLAKE, CHARLETHA  
202 BEVERLY BLVD  
C  
BRANDON, FL 33511 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: CHARLETHA BLAKE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: BLAKE, CHARLETHA  
Address: 202 BEVERLY BLVD APT C  
City-St-Zip: BRANDON, FL 33511

Title: D (X) Change ( ) Addition  
Name: ANDERSON, TENEMA  
Address: 7808 RIVERVIEW RD  
City-St-Zip: RIVERVIEW, FL 33594

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: TENEMA ANDERSON

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date