

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053952

FILED
Apr 11, 2006
Secretary of State

Entity Name: CARING TOUCH HOME CARE, INC.

Current Principal Place of Business:

495 ROBERTS ROAD
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

495 ROBERTS ROAD
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 65-1248663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

VOCKELL, SONIA
495 ROBERTS ROAD
JACKSONVILLE, FL 32259 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: SONIA VOCKELL

04/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, NANCY
Address: 495 ROBERTS ROAD
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD () Delete
Name: VOCKELL, SONIA
Address: 495 ROBERTS ROAD
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD () Delete
Name: VOCKELL, WILLIAM
Address: 495 ROBERTS ROAD
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SONIA VOCKELL

VD

04/11/2006

Electronic Signature of Signing Officer or Director

Date