

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000055945

**FILED  
Jul 21, 2006  
Secretary of State**

**Entity Name:** KIZANN HOMECARE SERVICES INC

**Current Principal Place of Business:**

2991 GARDEN DRIVE SOUTH #302  
LAKE WORTH, FL 334616235

**New Principal Place of Business:**

**Current Mailing Address:**

2991 GARDEN DRIVE SOUTH #302  
LAKE WORTH, FL 334616235

**New Mailing Address:**

FEI Number: 20-2630364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZOLIN, RALPH  
2991 GARDEN DRIVE SOUTH #302  
LAKE WORTH, FL 334616235 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR ( ) Change (X) Addition  
Name: ZOLIN, RALPH L  
Address: 2991 GARDEN DRIVE SOUTH #302  
City-St-Zip: LAKE WORTH, FL 33461

Title: MRS ( ) Change (X) Addition  
Name: DRINOSKY-ZOLIN, KIZANN  
Address: 2991 GARDEN DRIVE SOUTH #302  
City-St-Zip: LAKE WORTH, FL 33461

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: RALPH L ZOLIN

MR

07/21/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date