2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# P05000068339

Entity Name: 1ST CLASS HOME HEALTH, INC.

Current Principal Place of Business:

7105 SW 8TH ST., STE. 201
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7105 SW 8TH ST., STE. 201
MIAMI, FL 33144

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASOLA, ANGEL
7105 SW 8TH ST., STE. 201
MIAMI, FL 33144 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASOLA, ANGEL
Address: 7105 SW 8TH ST., STE. 201
City-St-Zip: MIAMI, FL 33144

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: PLACERES, MAYELIN
Address: 7105 SW 8TH ST., STE. 201
City-St-Zip: MIAMI, FL 33144

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: ANGEL CASOLA P 02/07/2006

Electronic Signature of Signing Officer or Director — Date