2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000068339

Address:

City-St-Zip:

Entity Name: 1ST CLASS HOME HEALTH, INC.

FILED May 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7105 SW 8TH ST., STE. 201 MIAMI, FL 33144 **Current Mailing Address: New Mailing Address:** 7105 SW 8TH ST., STE. 201 MIAMI, FL 33144 FEI Number: 52-2459433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASOLA, ANGEL 7105 SW 8TH ST., STE. 201 MIAMI, FL 33144 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: CASOLA, ANGEL Name: 7105 SW 8TH ST., STE. 201 Address: Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: PLACERES, MAYELIN Name: 7105 SW 8TH ST., STE. 201 Address: Address: MIAMI, FL 33144 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: PLACERES, MAYELIN Name: 7105 SW 8TH ST., STE, 201

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.

Address:

City-St-Zip:

MIAMI, FL 33144

Ρ SIGNATURE: ANGEL CASOLA 05/16/2006