

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068599

Entity Name: VICTORIAN HOME CARE, INC.

FILED
Feb 18, 2007
Secretary of State

Current Principal Place of Business:

4610 NW 113TH TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

4022 SW BAMBERG STREET
PORT ST. LUCIE, FL 34953

Current Mailing Address:

4610 NW 113TH TERRACE
SUNRISE, FL 33323

New Mailing Address:

4022 SW BAMBERG STREET
PORT ST. LUCIE, FL 34953

FEI Number: 75-3203613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STODDARD-DANIELS, DOROTHY
9310 NW 31ST PLACE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

STODDARD-DANIELS, DOROTHY
4022 SW BAMBERG STREET
PORT ST. LUCIE, FL 34953 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:

02/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LILAVOIS, PATRICK
Address: 5006 HANA ROAD
City-St-Zip: EDISON, NJ 08817

Title: V () Delete
Name: LILAVOIS, ALDY
Address: 12 TINA LANE
City-St-Zip: BURLINGTON, NJ 08016

Title: T () Delete
Name: STODDARD-DANIELS, DOROTHY
Address: 4610 NW 113TH TERRACE
City-St-Zip: SUNRISE, FL 33323

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: DOROTHY DANIELS

CEO

02/18/2007

Electronic Signature of Signing Officer or Director

Date