2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90196 023 ***150.00

DOCUMENT # P05000096312

1. Entity Name
HEART OF LOVE HOME CARE, INC.

Principal Place of Business	Mailing Address
10018 WEST MCNAB RD., SUITE 166 TAMARAC, FL 33321	10018 WEST MCNAB RD., SUITE 166 TAMARAC, FL 33321

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6801 NW 46 ct	6801 NW 46 ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderhill	City & State: Lauderhill
Zip: 33319 Country: Broward	Zip: 33319 Country: Broward

4. FEI Number: 33-1120730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, ROSE 6801 NW 46 CT. LAUDERHILL, FL 33321	Name: Rose White Street Address (P.O. Box Number is Not Acceptable): 6801 NW. 46 ct City: Lauderhill FL Zip Code: 33319

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: R White
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITE, ROSE 6801 NW 46 CT. LAUDERHILL, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R White 04/25/06 954 709-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #