2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# P05000096312

Entity Name: HEART OF LOVE HOME CARE, INC.

Current Principal Place of Business:

1900 S.W. 51 TERRACE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

1900 S.W. 51 TERRACE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 33-1120730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICES OF MARILYN L. MALOY, P.A.
3350 S.W. 148 AVENUE
SUITE 110
MIRAMAR, FL 33027 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: PD ( ) Delete
Name: WHITE, ROSE M
Address: 6801 NW 46 CT.
City-St-Zip: LAUDERHILL, FL 33321

Title: SD ( ) Delete
Name: FONSECA, MARTHA C
Address: 2271 S.W. 83RD AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: VPD (X) Delete
Name: GARDEN, NORMA
Address: 6224 S.W. 32ND PLACE
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: WHITE, ROSE M
Address: 6801 NW 46 CT.
City-St-Zip: LAUDERHILL, FL 33321

Title: VP/S (X) Change ( ) Addition
Name: GORDON, NORMA
Address: 6224 S.W. 32ND PLACE
City-St-Zip: MIRAMAR, FL 33023

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: ROSE M. WHITE PD 03/16/2007

Electronic Signature of Signing Officer or Director — Date