

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101760

FILED
Mar 13, 2006
Secretary of State

Entity Name: PINNACLE HOME CARE OF PINELLAS, INC.

Current Principal Place of Business:

1825 ALT 19 S SUITE 103
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1825 ALT 19 S SUITE 103
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 20-3277979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTHINGTON, PAUL M
8223 AQUILA ST
PORT RICHEY, FL 34668 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: D () Delete
Name: MCELVEEN, MARGARET C
Address: 621 HOUSE WREN CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: WORTHINGTON, PAUL M
Address: 8223 AQUILA ST
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: WORTHINGTON, VIVIENNE D
Address: 8223 AQUILA ST
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: PAGE, RACHAEL L
Address: 8853 KILMER WAY
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: DONALDSON, SHANE
Address: 8853 KILMER WAY
City-St-Zip: HUDSON, FL 34667

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:

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: PAUL M WORTHINGTON

CFO

03/13/2006

Electronic Signature of Signing Officer or Director

_____ Date