

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131267

FILED  
Jan 14, 2006  
Secretary of State

Entity Name: HOSANNA HOMECARE SERVICES INC.

## Current Principal Place of Business:

160 NW 176TH ST., #202  
MIAMI, FL 33169

## New Principal Place of Business:

160 NW 176TH ST  
#207  
MIAMI, FL 33169

## Current Mailing Address:

160 NW 176TH ST., #202  
MIAMI, FL 33169

## New Mailing Address:

160 NW 176TH ST  
#207  
MIAMI, FL 33169

FEI Number: 59-3829080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MORIN, MARIE M  
14855 SW 39TH CT.  
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: D ( ) Delete  
Name: MORIN, MARIE M  
Address: 160 NW 176TH ST., #202  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: AUGUSTIN, JACKSON  
Address: 160 NW 176TH ST., #202  
City-St-Zip: MIAMI, FL 33169

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MORIN, MARIE M  
Address: 14855 SW 39 CT  
City-St-Zip: MIRAMAR, FL 33027 US

Title: D (X) Change ( ) Addition  
Name: AUGUSTIN, JACKSON  
Address: 9491 PALM CIRCLE SOUTH SUITE 208  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: D ( ) Change (X) Addition  
Name: DENORD, LUCKNER C MR.  
Address: 9721 SW 213 TER  
City-St-Zip: MIAMI, FL 33189 US

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: MARIE MAUD MORIN

MRS

01/14/2006

Electronic Signature of Signing Officer or Director

Date