2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P05000140129

Entity Name: ENJOYABLE HOME HEALTH CARE, INC.

Current Principal Place of Business:

915 NE 125 ST #302
NORTH MIAMI, FL 33161

New Principal Place of Business:

915 NE 125 ST SUITE 302
NORTH MIAMI, FL 33161

Current Mailing Address:

915 NE 125 ST #302
NORTH MIAMI, FL 33161

New Mailing Address:

915 NE 125 ST SUITE 302
NORTH MIAMI, FL 33161

FEI Number: 20-3640680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DORICENT, AURELIE
9700 SW 13 ST
PEMBROKE PINES, FL 33025 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: PT ( ) Delete
Name: DORICENT, AURELIE
Address: 128 NE 54TH ST
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: DORICENT, AURELIE
Address: 9700 SW 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

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: AURELIE DORICENT P 04/26/2007

Electronic Signature of Signing Officer or Director Date