2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000144084

Entity Name: EXCELLENT HOMEMAKER COMPANION SERVICES, INC.

Current Principal Place of Business:

8401 W SAMPLE RD STE 35
CORAL SPRINGS, FL 33065

New Principal Place of Business:

6261 W. ATLANTIC BLVD.
STE. 206
MARGATE, FL 33063

Current Mailing Address:

PO BOX 8254
CORAL SPRINGS, FL 33075

New Mailing Address:

6261 W. ATLANTIC BLVD.
STE. 206
MARGATE, FL 33063

FEI Number: 11-3763241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

RAWLINS, ROSALIND W
8401 W. SAMPLE RD
#35
CORAL SPRINGS, FL, FL 33065 US

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: ROSALIND W. RAWLINS 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: RAWLINS, ROSALIND W
Address: 8401 W SAMPLE RD STE 35
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPTD ( ) Delete
Name: RAWLINS, CHRISTIAN N
Address: 8401 W SAMPLE RD STE 35
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROSALIND W. RAWLINS PSD 05/01/2006
Electronic Signature of Signing Officer or Director Date