

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004002

FILED
May 10, 2008
Secretary of State

Entity Name: TWENTYFOUR SEVEN HOME HEALTH CARE INC.

Current Principal Place of Business:

4124 10TH AVE. NORTH
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

4124 10TH AVE. NORTH
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 20-4107543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KHAN, MANZOOR A
5273 CANNON WAY
WEST PALM BEACH, FL 33415 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

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: P () Delete
Name: KHAN, MANZOOR A
Address: 5273 CANNON WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V () Delete
Name: BURGOS, FATIMA
Address: 1675 W 56TH STREET #207
City-St-Zip: HIALEAH, FL 33012

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 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: MANZOOR KHAN

P

05/10/2008

Electronic Signature of Signing Officer or Director

Date