2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2011
Secretary of State

DOCUMENT# P06000037656

Entity Name: HOME HEALTHCARE PERSONEL, CORP.

Current Principal Place of Business:

5824 SWORDFISH CT
UNIT 24 C
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

5824 SWORDFISH CT
UNIT 24 C
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 20-4513111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEIR-WILLIAMS, SUE-ANN K
5824 SWORDFISH CT
UNIT 24 C
TAMARAC, FL 33319 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

OFFICERS AND DIRECTORS:

Title: P
Name: WEIR-WILLIAMS, SUE-ANN K
Address: 5824 SWORDFISH CT #24 C
City-St-Zip: TAMARAC, FL 33319

Title: V
Name: WILLIAMS, DWIGHT B
Address: 5824 SWORDFISH CT #24 C
City-St-Zip: TAMARAC, FL 33319

Title: S
Name: KING, SAMANTHA M
Address: 5824 SWORDFISH CT #24 C
City-St-Zip: TAMARAC, FL 33319

I hereby 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 all other like empowered.

SIGNATURE: SUE-ANN WEIR-WILLIAMS CEO 04/17/2011

Electronic Signature of Signing Officer or Director — Date