

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 19, 2007 8:00 am  
Secretary of State**

04-19-2007 90194 002 \*\*\*150.00

DOCUMENT # P06000070517

1. Entity Name  
SWEET HOME HEALTH PROVIDERS, INC.



Principal Place of Business  
P.O. BOX 1602  
FORT PIERCE, FL 34954 US

Mailing Address

P.O. BOX 1602  
FORT PIERCE, FL 34954 US



02032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
O'HEARN, JAMES J 2466 NE 17TH COURT JENSEN BEACH, FL 34957				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City <b>FL</b> Zip Code		

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST REYNOLDS, DIANE P.O. BOX 1602 FORT PIERCE, FL 34954	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane Reynolds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07 (772) 359-9088  
Date Daytime Phone #

*Diane Reynolds, President*