2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094812

Entity Name: ALWAYS THERE HOME CARE SERVICES, INC.

FILED Apr 19, 2007 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
| | | |

8130 66TH STREET, SUITE 4 8130 66TH STREET

PINELLAS PARK, FL 33781 US SUITE 4

PINELLAS PARK, FL 33781 US

Current Mailing Address: New Mailing Address:

8130 66TH STREET, SUITE 4 8130 66TH STREET

PINELLAS PARK, FL 33781 US SUITE 4

PINELLAS PARK, FL 33781 US

CARL, KEEFE

6780 121ST AVENUE

FEI Number: 20-5222217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLACKLIDGE, RAYMOND M ESQUIRE 28810 FALLING LEAVES WAY WESLEY CHAPEL, FL 33543 US

LARGO, FL 33773 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: CARL M. KEEFE 04/19/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T () Delete Title: P,T (X) Change () Addition

Name: ROSS, SUE Name: ROSS, SUE

 Address:
 1201 ROBINSON DRIVE NORTH
 Address:
 6780 121ST AVENUE, #7

 City-St-Zip:
 ST. PETERSBURG, FL 33710 US
 City-St-Zip:
 LARGO, FL 33773 US

Title: VP,S () Delete Title: () Change () Addition

 Name:
 COMER, PAULA K
 Name:

 Address:
 1917 BROOKSTONE WAY
 Address:

 City-St-Zip:
 CLEARWATER, FL 33760 US
 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: SUSAN ROSS P,T 04/19/2007