

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104037

Entity Name: IN-HOME CARE INC.

FILED
Mar 27, 2007
Secretary of State

Current Principal Place of Business:

14566 CHERRY LAKE DRIVE WEST
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

9471 BAYMEADOWS RD.
SUITE 405
JACKSONVILLE, FL 32256 US

Current Mailing Address:

14566 CHERRY LAKE DRIVE WEST
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 20-5351441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORM-A-CORP, INC.
100 VILLAGE SQUARE CROSSING
SUITE 103
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: ROBERTS, CLAUDETTE
Address: 14566 CHERRY LAKE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLAUDETTE ROBERTS

PRES

03/27/2007

Electronic Signature of Signing Officer or Director

Date