

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105743

FILED
Apr 09, 2009
Secretary of State

Entity Name: ADVANCE HOME HEALTH, CORP.

Current Principal Place of Business:

5951 NW 151 ST. SUITE 111
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5951 NW 151 ST. SUITE 111
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-5405483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMIEN, ILEANA
7467 NW 167 STREET
MIAMI, FL 33015 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 () Delete
Name: DEMIEN, ILEANA
Address: 7467 NW 167 STREET
City-St-Zip: MIAMI, FL 33015

Title: PSD () Delete
Name: DEMIEN, ILEANA
Address: 7467 NW 167 STREET
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEMIEN, ILEANA
Address: 5951 NW 151 ST
City-St-Zip: MIAMI LAKES, FL 33014

Title: PSD (X) Change () Addition
Name: DEMIEN, ILEANA
Address: 7467 N.W. 167 ST.
City-St-Zip: MIAMI, FL 33015

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: ILEANA DEMIEN

ADMI

04/09/2009

Electronic Signature of Signing Officer or Director

Date