

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111314

FILED
Apr 30, 2008
Secretary of State

Entity Name: MELISSA'S HOME HEALTH CARE, INC.

Current Principal Place of Business:

702 SOUTH 14TH STREET
HAINES CITY, FL 33844 US

New Principal Place of Business:

1815 SAND HILL LANE
WINTER HAVEN, FL 33884 US

Current Mailing Address:

702 SOUTH 14TH STREET
HAINES CITY, FL 33844 US

New Mailing Address:

1815 SAND HILL LANE
WINTER HAVEN, FL 33884 US

FEI Number: 20-5445320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MELISSA
702 S 14TH STREET
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

MORRIS, MELISSA
1815 SAND HILL LANE
WINTER HAVEN, FL 33884 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: MELISSA MORRIS

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRIS, MELISSA
Address: 702 SOUTH 14TH STREET
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRIS, MELISSA
Address: 1815 SAND HILL LANE
City-St-Zip: WINTER HAVEN, FL 33884 US

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: MELISSA MORRIS

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date