2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# P07000009406

Entity Name: ETERNITY LIFE HOME HEALTH CARE INC.

Current Principal Place of Business:

11200 NW 58 PL
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

11200 NW 58 PL
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-8294431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALONSO, CONSUELO B
11200 NW 58 PL
HIALEAH, FL 33012 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALONSO, CONSUELO B
Address: 941 WEST 81 PL
City-St-Zip: HIALEAH, FL 33014

Title: STD ( ) Delete
Name: BAEZ, ROSA M
Address: 11200 NW 58 PL
City-St-Zip: HIALEAH, FL 33012

Title: VD ( ) Delete
Name: MENDEZ, MICHAEL
Address: 11200 NW 58 PLACE
City-St-Zip: HIALEAH, FL

Title: VTD ( ) Delete
Name: ALONSO, HECTOR
Address: 941 W. 81 PLACE
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROSA M BAEZ ADMI 05/29/2009

Electronic Signature of Signing Officer or Director Date