2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# P07000070624

Entity Name: ISLAND HOME CARE CONSULTING, INC.

Current Principal Place of Business:

1385 RIVER RIDGE DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

1385 RIVER RIDGE DRIVE
VERO BEACH, FL 32963 US

Current Mailing Address:

1385 RIVER RIDGE DRIVE
VERO BEACH, FL 32963

New Mailing Address:

1385 RIVER RIDGE DRIVE
VERO BEACH, FL 32963 US

FEI Number: 26-0206165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUTTALL, SCOTT A
3111 CARDINAL DRIVE
VERO BEACH, FL 32963 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: DPT ( ) Delete
Name: HMIELEWSKI, SHARON
Address: 1385 RIVER RIDGE DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: DVPS ( ) Delete
Name: HMIELEWSKI, CHARLES
Address: 1385 RIVER RIDGE DRIVE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: HMIELEWSKI, SHARON L DPT
Address: 1385 RIVER RIDGE DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

Title: DVPS (X) Change ( ) Addition
Name: HMIELEWSKI, CHARLES P DVPS
Address: 1385 RIVER RIDGE DRIVE
City-St-Zip: VERO BEACH, FL 32963

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: SHARON HMIELEWSKI DPT 04/10/2009

Electronic Signature of Signing Officer or Director — Date