2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2011
Secretary of State

DOCUMENT# P08000019088

Entity Name: ALTERNATIVE HOME HEALTH AGENCY INC.

Current Principal Place of Business:

499 N SR 434
SUITE #2149
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

7550 FURURES DRIVE
SUITE #102
ORLANDO, FL 32819

Current Mailing Address:

499 N SR 434
SUITE #2149
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

7550 FURURES DRIVE
SUITE #102
ORLANDO, FL 32819

FEI Number: 32-0236390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LLANES, ANTHONY W
499 N SR 434
SUITE #2149
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

LLANES, ANTONIETTA
7550 FUTURES DRIVE
SUITE 102
ORLANDO, FL 32819 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: ANTONIETTA LLANES 01/17/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LLANES, ANTHONY W
Address: 7550 FUTURES DRIVE STE# 102
City-St-Zip: ORLANDO, FL 32819

Title: VP
Name: LLANES, WILFREDO
Address: 7550 FUTURES DRIVE STE# 102
City-St-Zip: ORLANDO, FL 32819

Title: SEC
Name: LLANES, ANTONIETTA
Address: 7550 FUTURES DRIVE STE# 102
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: ANTONIETTA LLANES SEC 01/17/2011
Electronic Signature of Signing Officer or Director Date