2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# P93000041586

Entity Name: ABSOLUTE HOME CARE, INC.

Current Principal Place of Business:

8000 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

1845 EAGLE TRAIL BLVD EAST
CORAL SPRINGS, FL 33071

New Mailing Address:

1845 EAGLE TRACE BLVD EAST
CORAL SPRINGS, FL 33071

FEI Number: 65-0421547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHAW, BERNARD R
1845 EAGLE TRAIL BLVD EAST
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

SHAW, BERNARD R
1845 EAGLE TRACE BLVD EAST
CORAL SPRINGS, FL 33071 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: BERNARD R SHAW 05/26/2009
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: D ( ) Delete
Name: SHAW, NORMA E
Address: 1845 EAGLE TRAIL BLVD E
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: SHAW, BERNARD R
Address: 1845 EAGLE TRAIL BLVD E
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHAW, NORMA E
Address: 1845 EAGLE TRACE BLVD E
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change ( ) Addition
Name: SHAW, BERNARD R
Address: 1845 EAGLE TRACE BLVD E
City-St-Zip: CORAL SPRINGS, FL 33071

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: BERNARD R SHAW D 05/26/2009
Electronic Signature of Signing Officer or Director Date