

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011866

FILED
Jan 09, 2007
Secretary of State

Entity Name: ALWAYS THERE HOME HEALTH CARE INC.

Current Principal Place of Business:

317 NORTH COLLIER BLVD.
SUITE 201
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

317 NORTH COLLIER BLVD.
SUITE 201
MARCO ISLAND, FL 34145 US

New Mailing Address:

FEI Number: 65-0468157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINICOZZI, ROSALIND
820 CARIBBEAN CT
MARCO ISLAND, FL 34145 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: A () Delete
Name: ROSALIND MINICOZZI,
Address: 820 CARIBBEAN CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: FO (X) Delete
Name: ROSE, LOWE
Address: 125 LINDEN ROAD
City-St-Zip: WAYNE, NJ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ROSALIND MINICOZZI

A

01/09/2007

Electronic Signature of Signing Officer or Director

Date