2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# P94000067869

Entity Name: ABBEY HOME HEALTH CARE INC.

Current Principal Place of Business:

7800 W. OAKLAND PARK BLVD
E 115
FORT LAUDERDALE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 101045
FORT LAUDERDALE, FL 33310 US

New Mailing Address:

FEI Number: 65-0507346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADEAGBO, ABBEY
7800 W. OAKLAND PARK BLVD
E115
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

ADEAGBO, ABIODUN
7800 W. OAKLAND PARK BLVD
E115
SUNRISE, FL 33351 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: ABIODUN ADEAGBO 01/15/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete
Name: ADEAGBO, ABBEY
Address: 7800 W. OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition
Name: ADEAGBO, ABIODUN
Address: 7800 W. OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

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: ABIODUN ADEAGBO P 01/15/2007
Electronic Signature of Signing Officer or Director Date