2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# P96000039891

Entity Name: FLORIDA HOME BOUND, MENTAL HEALTH AGENCY, INC.

Current Principal Place of Business:

1035 NE 125 STREET
#301
N. MIAMI, FL 33161

New Principal Place of Business:

1400 NE 125 STREET
N. MIAMI, FL 33161

Current Mailing Address:

4515 N. JEFFERSON AVE.
MIAMI BEACH, FL 33140

New Mailing Address:

1400 NE 125 STREET
N MIAMI, FL 33161

FEI Number: 65-0663226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWENS, CAROL BIGGS
4515 N. JEFFERSON AVE.
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

OWENS, CAROL BIGGS
7310 BELLE MEADE ISLAND DRIVE
MIAMI, FL 33138 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: _____ 04/17/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BIGGS, THAZARBELL
Address: 198 NE 110 STREET
City-St-Zip: MIAMI SHORES, FL 33161

Title: T ( ) Delete
Name: BIGGS, THAZARBELL
Address: 198 NE 110 STREET
City-St-Zip: MIAMI SHORES, FL 33161

Title: S ( ) Delete
Name: BIGGS, THAZARBELL
Address: 198 NE 110 STREET
City-St-Zip: MIAMI SHORES, FL 33161

Title: VP ( ) Delete
Name: BIGGS, THAZARBELL
Address: 198 NE 110 STREET
City-St-Zip: MIAMI SHORES, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THAZARBELL BIGGS MRS 04/17/2007
Electronic Signature of Signing Officer or Director — Date