2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008124

Entity Name: TOTAL HOME CARE SPECIALISTS, INC.

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

340 NOTTINGHAM BLVD 314 NOTTINGHAM BLVD

W PALM BEACH, FL 33405 US W PALM BEACH, FL 33405 US

Current Mailing Address: New Mailing Address:

340 NOTTINGHAM BLVD 314 NOTTINGHAM BLVD

W PALM BEACH, FL 33405 US W PALM BEACH, FL 33405 US

FEI Number: 65-0722061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCANENEY, JOHN MCANENEY, JOHN 340 NOTTINGHAM BLVD 314 NOTTINGHAM BLVD US

W PALM BEACH, FL 33405 US W PALM BEACH, FL 33405

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: 04/02/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MCANENEY, JOHN MCANENEY, JOHN Name: Name: 340 NOTTINGHAM BLVD Address: 314 NOTTINGHAM BLVD Address: City-St-Zip: W PALM BEACH, FL 33405 City-St-Zip: W PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: JOHN MCANENEY 04/02/2007 D