2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038767

FILED Mar 28, 2008 Secretary of State

Entity Name: DIVINITY HOME CARE, INC. **Current Principal Place of Business: New Principal Place of Business:** 7450 NW 51ST STREET LAUDERHILL, FL 33319 **Current Mailing Address: New Mailing Address:** 7031 GOLF POINTE CIRCLE TAMARAC, FL 33321 FEI Number: 65-0749938 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: HARRIS, ADINA 7031 GÓLF POINTE CIRCLE TARMARAC, FL 33321 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HARRIS, ADINA HARRIS, ADINA L Name: Name: 7031 GOLF POINTE CIRCLE 7031 GOLF POINTE CIRCLE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title:

Title: (X) Change () Addition () Delete EDWARDS, NICOLE N Name: Name: EDWARDS, NICOLE N

7450 NW 51ST STREET Address: 7450 NW 51ST STREET Address: LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 City-St-Zip: Citv-St-Zip:

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: ADINA L HARRIS D 03/28/2008