2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P97000077577

Entity Name: HILL'S HOME CARE, INC.

Current Principal Place of Business:

9471 BAYMEADOWS ROAD
201
JACKSONVILLE, FL 32256

New Principal Place of Business:

9471 BAYMEADOWS ROAD
SUITE 201
JACKSONVILLE, FL 32256

Current Mailing Address:

9471 BAYMEADOWS ROAD
201
JACKSONVILLE, FL 32256

New Mailing Address:

9471 BAYMEADOWS ROAD
SUITE 201
JACKSONVILLE, FL 32256

FEI Number: 59-3467081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILL, DAVID A
9471 BAYMEADOWS ROAD
201
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

HILL, DAVID A
9471 BAYMEADOWS ROAD
SUITE 201
JACKSONVILLE, FL 32256 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: 01/09/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MR. ( ) Delete
Name: HILL, DAVID A PRES.
Address: 9471 BAYMEADOWS RD., SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

Title: MRS. ( ) Delete
Name: HILL, MALORIE S V. P.
Address: 9471 BAYMEADOWS RD., SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MRS. (X) Change ( ) Addition
Name: HILL, MALORIE S V. PRES
Address: 9471 BAYMEADOWS RD., SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

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: MALORIE S. HILL V-P 01/09/2007
Electronic Signature of Signing Officer or Director — Date