2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P98000005158

Entity Name: AMERICAN HOME THERAPY PROVIDER, INC.

Current Principal Place of Business:

3380 TAMIAMI TRAIL
SUITE C
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3380 TAMIAMI TRAIL
SUITE C
PORT CHARLOTTE, FL 33952

New Mailing Address:

2421 SHREVE STREET
SUITE 115
PUNTA GORDA, FL 33950

FEI Number: 65-0804860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENANO, EDGAR
3380 TAMIAMI TRAIL
SUITE C
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

PENANO, EDGAR
2421 SHREVE STREET
SUITE 115
PUNTA GORDA, FL 33950 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: DOROTHY M. BENNETT 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: PENANO, EDGAR
Address: 3380 TAMIAMI TRAIL SUITE C
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: PCFO ( ) Delete
Name: PENANO, GRACE
Address: 3380 TAMIAMI TRAIL SUITE C
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: PENANO, EDGAR
Address: 2421 SHREVE STREET, SUITE 115
City-St-Zip: PUNTA GORDA, FL 33950

Title: PCFO (X) Change ( ) Addition
Name: PENANO, GRACE
Address: 2421 SHREVE STREET, SUITE 115
City-St-Zip: PUNTA GORDA, FL 33950

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: DOROTHY M. BENNETT CAM 04/16/2009
Electronic Signature of Signing Officer or Director Date