

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059519

FILED
Aug 08, 2006
Secretary of State

Entity Name: ADVANTAGE HOME HEALTH CARE, INC.

Current Principal Place of Business:

3462 SE COURT DRIVE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3462 SE COURT DRIVE
STUART, FL 34997

New Mailing Address:

FEI Number: 65-0844538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYRICK, KIM
3462 SE COURT DRIVE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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:

Title: ST () Delete
Name: MYRICK, KIM
Address: 3462 SE COURT DRIVE
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: LECHNER, BRIAN
Address: 390 SE MIZNER BLVD. #1812
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: MCCASKILL, SUSAN T
Address: 6120 PAYNE STEWART DRIVE
City-St-Zip: WINDERMERE, FL 34786

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:

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: KIM MYRICK

ST

08/08/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date