

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02322

FILED
Jan 30, 2008
Secretary of State

Entity Name: SERVICES & CARE AT HOME, INC.

Current Principal Place of Business:

10250 SW 56 ST
SUITE A-202
MIAMI, FL 33165 US

New Principal Place of Business:

10250 SW 56 ST
SUITE D-103
MIAMI, FL 33165 US

Current Mailing Address:

10250 SW 56 ST
SUITE A-202
MIAMI, FL 33165 US

New Mailing Address:

10250 SW 56 ST
SUITE D-103
MIAMI, FL 33165 US

FEI Number: 65-0216472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAGRE, NYDIA
10250 SW 56 ST
SUITE A-202
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

SAGRE, NYDIA
10250 SW 56 ST
SUITE D-103
MIAMI, FL 33165 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:

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAGRE, NYDIA
Address: 10250 SW 56 ST A 202
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: STEBBINS, CLAUDIA B
Address: 10250 SW 56 ST A 202
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAGRE, NYDIA
Address: 10250 SW 56 ST D 103
City-St-Zip: MIAMI, FL 33165

Title: SD (X) Change () Addition
Name: STEBBINS, CLAUDIA B
Address: 10250 SW 56 ST D 103
City-St-Zip: MIAMI, FL 33165

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: NYDIA SAGRE, RN

PD

01/30/2008

Electronic Signature of Signing Officer or Director

Date