


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90180 043 ***150.00

DOCUMENT # S03578 1. Entity Name NATIONAL HOME ATTENDANTS, INC.	
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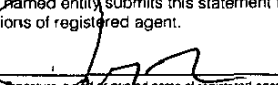
Principal Place of Business 9850 STIRLING ROAD STE. 100 COOPER CITY, FL 33024 US	Mailing Address 9850 STIRLING ROAD STE. 100 COOPER CITY, FL 33024 US
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2. Principal Place of Business - No P.O. Box # 4801 S. UNIVERSITY DR. Suite, Apt. #, etc. # 120	3. Mailing Address 4801 S. UNIVERSITY DR. Suite, Apt. #, etc. # 120
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City & State DAVIE, FLORIDA	City & State DAVIE, FLORIDA
Zip 33328	Zip 33328
Country USA	Country USA

6. Name and Address of Current Registered Agent GREAVES, MICHAEL 9850 STIRLING ROAD SUITE 100 COOPER CITY, FL 33024	7. Name and Address of New Registered Agent Name JOSEPH S. LANIA CPA PA Street Address (P.O. Box Number is Not Acceptable) 8982 TAFT STREET City PEMBROKE PINES FL Zip Code 33024-4668
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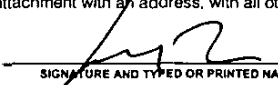
8. The above named entity submits this statement for the purpose of changing its registered office to: registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  JOSEPH S. LANIA, CPA, PA 04/30/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHIN, TERRESA 15384 SW 19TH ST. MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JOSEPH S. LANIA CPA PA 04/30/2008 (954) 432-2299
Signature and typed or printed name of signing officer or director Date Daytime Phone #

40095432

