

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07049

FILED
Jan 06, 2005
Secretary of State

Entity Name: HOME CARE SOLUTIONS, INC.

Current Principal Place of Business:

270 S NORTH LAKE BLVD
SUITE 1000
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

485 N KELLER ROAD
STE 129
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-3055791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNSED, LYNN
5549 BANANA POINT DRIVE
P.O. BOX 239
OKAHUMPKA, FL 34762 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: CEO () Delete
Name: POWERS, KEVIN,
Address: 270 S NORTHLAKE BLVD, 1000
City-St-Zip: ALTAMONTE SPGS, FL 32701

Title: D () Delete
Name: MILLER, ANDREW W.
Address: 270 S. NORTHLAKE BLVD STE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: KEVIN POWERS

CEO

01/06/2005

Electronic Signature of Signing Officer or Director

Date