2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# S07049

Entity Name: HOME CARE SOLUTIONS, INC.

Current Principal Place of Business:

630 N. WYMORE ST.
SUITE 370
MAITLAND, FL 32751

New Principal Place of Business:

630 N. WYMORE ROAD
SUITE 370
MAITLAND, FL 32751

Current Mailing Address:

630 N. WYMORE ST.
SUITE 370
MAITLAND, FL 32751

New Mailing Address:

630 N. WYMORE ROAD
SUITE 370
MAITLAND, FL 32751

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:

BURNSED, LYNN
5549 BANANA POINT DRIVE
OKAHUMPKA, FL 34762 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: LYNN BURNSED 10/11/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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: CEO (X) Change ( ) Addition
Name: POWERS, KEVIN,
Address: 630 N WYMORE ROAD STE 370
City-St-Zip: MAITLAND, FL 32751

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: KEVIN POWERS MR 10/11/2006
Electronic Signature of Signing Officer or Director Date