2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# V17417

Entity Name: A. & A. QUALITY HOME CARE, INC.

Current Principal Place of Business:

1747 VAN BUREN ST
1007
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

9900 STERLING ROAD
405
COOPER CITY, FL 33024 US

Current Mailing Address:

P.O. BOX 277735
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 65-0318738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, JERRY
1301 SW 142 AVE #H107
PEMBROKE PINES, FL 33027 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: VP ( ) Delete
Name: ALLEN, JOYCE
Address: P.O. BOX 277735
City-St-Zip: MIRAMAR, FL 33027

Title: P ( ) Delete
Name: ALLEN, JERRY
Address: P.O. BOX 277735
City-St-Zip: MIRAMAR, FL 33027

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 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: JOYCE ALLEN VP 04/28/2008

Electronic Signature of Signing Officer or Director Date