2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# V50657

Entity Name: CHAMPION HOME HEALTH CARE, INC.

Current Principal Place of Business:

3901 N FEDERAL HWY
SUITE 205
BOCA RATON, FL 33431 US

New Principal Place of Business:

1801 CLINT MOORE RD
SUITE 104
BOCA RATON, FL 33487 US

Current Mailing Address:

3901 N FEDERAL HWY
SUITE 205
BOCA RATON, FL 33431 US

New Mailing Address:

1801 CLINT MOORE RD
SUITE 104
BOCA RATON, FL 33487 US

FEI Number: 65-0430968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMPION, KIMBERLY
3247 NW 60TH ST
BOCA RATON, FL 33496 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: D ( ) Delete
Name: CHAMPION, KIMBERLY,
Address: 3247 NW 60TH STREET
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KIMBERLY CHAMPION PRES 02/12/2007

Electronic Signature of Signing Officer or Director Date