

No. C 142662		Due no later than Feb 28, 2011		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOMELIFE CARE, INC. CARLENE A MADALENA 3649 NORTH 1900 EAST FILER ID 83328		CARLENE A MADALENA 3649 NORTH 1900 EAST FILER ID 83328-5661		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	CARLENE A. MADALENA	3649 NORTH 1900 EAST	FILER	ID	USA	83328-5661
TREASURER	TONY P. MADALENA	3649 NORTH 1900 EAST	FILER	ID	USA	83328-5661
PRESIDENT	CARLENE A. MADALENA	3649 NORTH 1900 EAST	FILER	ID	USA	83328-5661
5. Organized Under the Laws of: ID C 142662		6. Annual Report must be signed.* Signature: Carlene Madalena Name (type or print): Carlene Madalena Date: 12/10/2010 Title: President				
Processed 12/10/2010		* Electronically provided signatures are accepted as original signatures.				