No. C 152121		Due no later than Dec 31, 2007		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOME CARE PROFESSIONALS, INC. PO BOX 190030 BOISE ID 83719		5257 FAIR\ BOISE ID	CARLTON M MADDOX 5257 FAIRVIEW STE 190 BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY I 4. Corporations: Enter	DUE DATE	ess Addresses of F	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	LESLIE L PO CARLTON M		404 S OLD QUARRY WAY 5113 GROVER	BOISE BOISE	ID ID	USA USA	83709 83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Leslie L. Post			Date: 12/21/2007			
C 152121		Name (type or		Title: Secretary				
Processed 12/21/2007		* Electronically pr	ovided signatures are accepted as origina	al signatures.				