

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212531585
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1.) CORPORATION NAME: Secure Home Health Inc.	DUE DATE: 5/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CASSANDRA DANIELS 5937 GAINOR PL NORFOLK, VA 23502	SCC ID NO: 07232804				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td style="text-align: center;">1</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1
CLASS	AUTHORIZED				
COMMON	1				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 404S. Parliament Dr.

CITY/ST/ZIP: Va Beach, VA 23462-6302

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CASSANDRA DANIELS TITLE: PRESIDENT ADDRESS: 5937 GAINOR PL CITY/ST/ZIP/CO: NORFOLK, VA 23502		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BOBBY DANIELS TITLE: CEO ADDRESS: 5937 GAINOR PLACE CITY/ST/ZIP/CO: NORFOLK, VA 23502		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CASSANDRA DANIELS	CASSANDRA DANIELS, PRESIDENT	8/20/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.