2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N07000005351

Entity Name: KIRA CARES, INC.

Current Principal Place of Business:

2573 SW 157 AVE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

2573 SW 157 AVE
MIRAMAR, FL 33027

New Mailing Address:

P.O. BOX 820691
PEMBROKE PINES, FL 33082

FEI Number: 26-0278033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANG, SHIKIRA MS
2573 SW 157 AVE
MIRAMAR, 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CHANG, SHIKIRA MS	
Address:	2573 SW 157 AVE	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	VPD	( ) Delete
Name:	MAIS, SIMON MR	
Address:	1731 VICTORIA AVE #408	
City-St-Zip:	SCARBOROUGH, ON M1R1S1 CA	
Title:	TD	( ) Delete
Name:	AFFLICK, WAULDRON MR	
Address:	3324 FIDDLE LEAF WAY	
City-St-Zip:	LAKELAND, FL 33811	
Title:	SD	( ) Delete
Name:	SMITH, KERRI-ANN MS	
Address:	40 GAYLORD ST	
City-St-Zip:	BINGHAMTON, NY 13904	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIKIRA CHANG PD 04/17/2009
Electronic Signature of Signing Officer or Director — Date