2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2011
Secretary of State

DOCUMENT# N09000006600

Entity Name: THE POTTER'S LOVE CARING AGENT INC.

Current Principal Place of Business:

3546 ST JOHNS BLUFF RD
#118
JACKSONVILLE, FL 32224

New Principal Place of Business:

3520 ST JOHNS BLUFF RD
SUITE 4
JACKSONVILLE, FL 32224

Current Mailing Address:

8707 REEDY BRANCH DR
JACKSONVILLE, FL 32256

New Mailing Address:

3520 ST JOHNS BLUFF RD
SUITE 4
JACKSONVILLE, FL 32224

FEI Number: 27-0542339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DADA, OLUFEMI M
8707 REEDY BRANCH DR
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

DADA, OLUFEMI M
8116 SUMMER GATE CT
JACKSONVILLE, FL 32256 US

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: MOSES DADA 05/15/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DADA, FRANCETTA S
Address: 8116 SUMMER GATE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: V
Name: DADA, OLUFEMI M
Address: 8116 SUMMER GATE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: ST
Name: LYNCH, ROSETTE
Address: 11350 HENDON DR
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: MOSES DADA VP 05/15/2011
Electronic Signature of Signing Officer or Director Date