2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P08000105991

Entity Name: MAAGA'S CARE INC.

Current Principal Place of Business:

1179 S.W. HUTCHIN ST.
PORT SAINT LUCIE, 34983

New Principal Place of Business:

1179 S.W. HUTCHIN ST.
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

1179 S.W. HUTCHIN ST.
PORT SAINT LUCIE, 34983

New Mailing Address:

1179 S.W. HUTCHIN ST.
PORT SAINT LUCIE, FL 34983

FEI Number: 35-2351506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, DEVORE J
1179 S. W. HUTCHIN ST.
PORT SAINT LUCIE, FL 34983 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: DEVORE J WALKER

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALKER, DEVORE J
Address: 1179 S. W HUTCHIN ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP ( ) Delete
Name: JENKINS, MARQUISHA A
Address: 504 WEST 6TH ST.
City-St-Zip: PAHOKEE, FL 33476

Title: SEC ( ) Delete
Name: POLK, GABRIEL
Address: 120 HOME PLACE CT
City-St-Zip: PAHOKEE, FL 33476

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVORE JENKINS WALKER OWNE 10/13/2009

Electronic Signature of Signing Officer or Director — Date