2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2012
Secretary of State

DOCUMENT# P08000105991

Entity Name: MAAGA'S CARE INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: VP
Name: WALKER, DEVORE J
Address: 1179 SW HUTCHINS ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: SEC
Name: WALKER, DEVORE J
Address: 1179 SW HUTCHINS ST
City-St-Zip: PORT ST. LUCIE, FL 34983

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

SIGNATURE: DEVORE J. WALKER OWNE 04/13/2012

Electronic Signature of Signing Officer or Director Date