

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000126825

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** WE CARE COMPANION AND HOMECARE SERVICES INC.

**Current Principal Place of Business:**

9291 LAULREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

9599 SUN POINTE DR  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

9291 LAULREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

9599 SUN POINTE DR  
BOYNTON BEACH, FL 33437

**FEI Number:** 26-1583013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENRY, ARLENE  
9291 LAULREL GREEN DRIVE  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

HENRY, ARLENE  
9599 SUN POINTE  
BOYNTON BEACH, FL 33437 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:

04/06/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: HENRY, EDWIN  
Address: 9291 LAULREL GREEN DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete  
Name: HENRY, ARLENE  
Address: 9291 LAULREL GREEN DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HENRY, ARLENE  
Address: 9599 SUN POINTE DR  
City-St-Zip: BOYNTON BEACH, FL 33437

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: ARLENE HENRY

P/D

04/06/2009

Electronic Signature of Signing Officer or Director

Date