2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002623

FILED Mar 28, 2011 Secretary of State

Entity Name: THE NATIONAL CARE GIVING SERVICES USA INC.

Current Principal Place of Business: New Principal Place of Business:

4121 NE 15TH ST #85 6900 SW 21ST LANE GAINESVILLE, FL 32609

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GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

P.O BOX 180 11223 N. WILLIAM ST

SUITE E PMB #106 BRADLEY, WV 25818 DUNELLON, FL 34432 US

FEI Number: 35-2377960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FORKS, LAWRENCE H INCORP SERVICE, INC 11223 N WILLIAM ST 17888 67TH COURT NORTH SUITE E PMB #106 LOXAHATCHEE, FL 33470 US DUNELLON, FL 34432 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: LISA GRANSKIEOBO SERVICES INC. 03/28/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

GEORGE, VENUS Name: Address: 6900 SW 21ST LANE City-St-Zip: GAINESVILLE, FL 32601 US

Title:

Name: PERSKY, TASHARA Address: 428 NW 53RD ST City-St-Zip: LAWTON, OK 73505 US

Title:

WALTON, TWAUNNA A Name: Address: 7424 OKEY L PATTESON RD SCARBRO, WV 25917 City-St-Zip:

Title:

Name: SIMON, WILLIAM Address: 616 N 64TH ST.

City-St-Zip: PHILADELPHIA, PA 19151 US

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: TWAUNNA WALTON Ρ 03/28/2011