

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003796

Entity Name: CARING HANDS I, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

5270 GOLDEN GATE PKWY  
SUITE 111  
NAPLES, FL 34116

## Current Mailing Address:

5270 GOLDEN GATE PKWY  
SUITE 111  
NAPLES, FL 34116

## New Principal Place of Business:

5278 GOLDEN GATE PKWY  
SUITE 2  
NAPLES, FL 34116

## New Mailing Address:

5278 GOLDEN GATE PKWY  
SUITE 2  
NAPLES, FL 34116

FEI Number: 30-0182970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELIZAIRE, VELMA JEAN  
2361 18TH AVE N.E.  
NAPLES, FL 34120 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

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: CEO ( ) Delete  
Name: BELIZAIRE, ARNEL  
Address: 2361 18TH AVE N.E.  
City-St-Zip: NAPLES, FL 34120

Title: PCOO ( ) Delete  
Name: BELIZAIRE, VELMA JEAN  
Address: 2361 18TH AVE N.E.  
City-St-Zip: NAPLES, FL 34120

Title: CFO ( ) Delete  
Name: POWELL, GILBERT JR  
Address: 2361 18TH AVE N.E.  
City-St-Zip: NAPLES, FL 34120

Title: TREA ( ) Delete  
Name: KELLY, BOBBI J  
Address: 5272 24TH AVE SW  
City-St-Zip: NAPLES, FL 34116

## 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:

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: VELMA JEAN BELIZAIRE

PCOO

05/01/2008

Electronic Signature of Signing Officer or Director

Date