

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003796

Entity Name: CARING HANDS I, INC.

FILED  
Apr 26, 2012  
Secretary of State

## Current Principal Place of Business:

5278 GOLDEN GATE PKWY  
SUITE 2  
NAPLES, FL 34116

## New Principal Place of Business:

## Current Mailing Address:

5278 GOLDEN GATE PKWY  
SUITE 2  
NAPLES, FL 34116

## New Mailing Address:

2361 18TH AVE. N.E.  
NAPLES, FL 34120 US

FEI Number: 30-0182970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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

## OFFICERS AND DIRECTORS:

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

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

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

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

Title: DIR.  
Name: RUIZ, RUTH  
Address: 9059 GERVAIS CIRCLE #1303  
City-St-Zip: NAPLES, FL 34120 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: V. JEAN BELIZAIRE

CEO

04/26/2012

Electronic Signature of Signing Officer or Director

Date