2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076306

Address:

City-St-Zip:

Entity Name: GOD'S PROVISION MANAGEMENT, LLC

5450 BRUCE B DOWNS BLVD, #413

WESLEY CHAPEL, FL 33544

FILED Apr 17, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|----------------------------------|---|---------------------------------------|
| 5450 BRUCE B DOWNS BLVD | | | | |
| #413 WESLEY CHAPEL, FL 33544 | | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | RUCE B DOWNS | S BLVD | | |
| #413 WESLE | Y CHAPEL, FL | 33544 | | |
| FEI Numb | er: 26-3142631 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| 5450 BR #413 | BUSINESS AIDE RUCE B DOWNS Y CHAPEL, FL | S BLVD | | |
| | ve named entity ate of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both |
| SIGNAT | URE: | | | |
| | Electro | nic Signature of Registered Ag | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: | , |) Delete ESS AIDES, LLC | Title: Name: | () Change () Addition |

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERRI MEJILLONES REP 04/17/2009