2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006251

City-St-Zip:

MIAMI, FL 33150

FILED Apr 26, 2009 Secretary of State

Entity Name: A MOTHER'S CARE, INC. **Current Principal Place of Business: New Principal Place of Business:** 5861 NW 17TH AVE MIAMI, FL 33142 **Current Mailing Address: New Mailing Address:** 5861 NW 17TH AVE MIAMI, FL 33142 FEI Number: 65-0957363 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: STEVENS, KENNETH 20600 NW 2 COURT MIAMI, FL 33169 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FORD, EDDIE Name: Name: Address: 2984 NW 199 TERRACE Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STEVENS, KENNETH Name: Address: 20600 NW 2 COURT Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: DS () Delete Title: () Change () Addition SMITH, BRENDA Name: Name: 8340 NW 10 AVE Address: Address:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KENNETH STEVENS DT 04/26/2009