## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000001516

Address:

City-St-Zip:

363 PAULUS COURT

BOCA RATON, FL 33486

Entity Name: GOD MAKES HOUSECALLS INC.

FILED Mar 22, 2009 Secretary of State

Littly Nai	ile. GOD MAN	LES HOUSECALLS, INC.			
Current Principal Place of Business:			New Principal Place of I	New Principal Place of Business:	
363 PAULU BOCA RAT	JS COURT FON, FL 33486	\$	363 PAULUS COURT BOCA RATON, FL 33486	S US	
Current M	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
363 PAULU BOCA RAT	JS COURT FON, FL 33486	\$	363 PAULUS COURT BOCA RATON, FL 33486	S US	
FEI Number:	20-8484710	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
363 PAULU	SEN, KAREN JS COURT FON, FL 33486	S US			
The above in the State		ubmits this statement for the p	urpose of changing its registered of	fice or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MORTENSEN, K 363 PAULUS CO BOCA RATON, F	DURT	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:			Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () KENNEDY, BEN 7565 ORCHARD BOCA RATON, F	BAY DRIVE	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name:	D () MORTENSEN, F	Delete RED REV	Title: ( ) Name:	Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KAREN MORTENSEN DIRE 03/22/2009