2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N08000010328

Entity Name: WE CARE FOR THE POOR INTERNATIONAL INC.

Current Principal Place of Business:

718 MYRTLE LAKE CT. #103
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

718 MYRTLE LAKE CT. #103
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 26-3734468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELIASSAINT, BERTEAU
718 MYRTLE LAKE CT. #103
ORLANDO, FL 32825 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: P ( ) Delete
Name: ELIASSAINT, BERTEAU
Address: 718 MYRTLE LAKE CT. #103
City-St-Zip: ORLANDO, FL 32825

Title: V ( ) Delete
Name: ANDERSON, NEVA H
Address: 3041 CONDEL CT
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: MORENE, NANCY
Address: 905 NE 13TH AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: CEO ( ) Change (X) Addition
Name: ALLEN, JOHN
Address: 5935 NW 96TH DR.
City-St-Zip: PARKLAND, FL 33076

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.

SIGNATURE: BERTEAU ELIASSAINT P 02/27/2009

Electronic Signature of Signing Officer or Director — Date