2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2010
Secretary of State

DOCUMENT# N09000007880

Entity Name: CARING COMPY INC.

Current Principal Place of Business:

13957 GOLDEN RAIN TREE BLVD
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

PO BOX 540131
ORLANDO, FL 32854

New Mailing Address:

13957 GOLDEN RAIN TREE BLVD
ORLANDO, FL 32828

FEI Number: 80-0476003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, CHRISTOPHER
13957 GOLDEN RAIN TREE BLVD
ORLANDO, FL 32828 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: PS
Name: JONES, CHRISTOPHER
Address: 13957 GOLDEN RAIN TREE BLVD
City-St-Zip: ORLANDO, FL 32828

Title: V
Name: LECOURS, CHRISTOPHER
Address: 1401 ASTER CT
City-St-Zip: WINTER PARK, FL 32792

Title: DT
Name: SEGAMI, SOFIA
Address: 1401 ASTER CT
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: LEAVELL, ANGELA
Address: 13957 GOLDEN RAIN TREE BLVD
City-St-Zip: ORLANDO, FL 32828

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

SIGNATURE: CHRIS JONES PS 03/04/2010

Electronic Signature of Signing Officer or Director — Date