2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010324

FILED Jun 16, 2010 Secretary of State

Entity Name: A LA'CHANTE INTERNATIONAL CARE GIVERS, INC.

Current Principal Place of Business: New Principal Place of Business:

1852 NW 47TH TERRACE 1852 NW 47TH TERRACE

MIAMI, FL 331424050 MIAMI, FL 33142

Current Mailing Address: New Mailing Address:

1852 NW 47TH TERRACE 1852 NW 47TH TERRACE

MIAMI, FL 331424050 MIAMI, FL 33142

FEI Number: 16-1696232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON-GREENE, HARRIETTE DR. WILSON-GREENE, HARRIETTE DR. 1852 NW 47TH TERRACE 1852 NW 47TH TERRACE

1852 NW 47TH TERRACE 1852 NW 47TH TERRAC MIAMI, FL 331424050 US MIAMI, FL 33142 US

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: DR. HARRIETTE WILSON-GREENE 06/16/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: WILSON-GREENE, HARRIETTE DR.

Address: 1852 NW 47TH TERRACE

City-St-Zip: MIAMI, FL 33142

Title: TD

Name: GRIFFIN, TYRA
Address: 277 NW 47TH STREET
City-St-Zip: MIAMI, FL 33127

Title: SD

 Name:
 CAUSEY, CAROLINE

 Address:
 1724 NW 60TH STREET

 City-St-Zip:
 MIAMI, FL 33142

Title: VD

 Name:
 GREENE, JADE D

 Address:
 3461 NW 1ST AVENUE

 City-St-Zip:
 MIAMI, FL 33127

Title: VD

Name: GREENE, JAMES O Address: 1858 NW 47TH TERRACE

City-St-Zip: MIAMI, FL 33142

Title: C

 Name:
 TERRELL, MILDRED

 Address:
 1017 NW 61ST STREET

 City-St-Zip:
 MIAMI, FL 33127

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: DR. HARRIETTE WISON-GREENE PD 06/16/2010