2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

DOCUMENT# N10000002623

Entity Name: THE NATIONAL CARE GIVING SERVICES USA INC.

Current Principal Place of Business:

4121 NE 15TH ST #85
GAINESVILLE, FL 32609

New Principal Place of Business:

6900 SW 21ST LANE
O1
GAINESVILLE, FL 32601

Current Mailing Address:

11223 N. WILLIAM ST
SUITE E PMB #106
DUNELLON, FL 34432 US

New Mailing Address:

P.O BOX 180
BRADLEY, WV 25818

FEI Number: 35-2377960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORKS, LAWRENCE H
11223 N WILLIAM ST
SUITE E PMB #106
DUNELLON, FL 34432 US

Name and Address of New Registered Agent:

INCORP SERVICE,INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: LISA GRANSKIEOBO SERVICES INC. 03/28/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP
Name: GEORGE, VENUS
Address: 6900 SW 21ST LANE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D
Name: PERSKY, TASHARA
Address: 428 NW 53RD ST
City-St-Zip: LAWTON, OK 73505 US

Title: P
Name: WALTON, TWAUNNA A
Address: 7424 OKEY L PATTESON RD
City-St-Zip: SCARBRO, WV 25917

Title: D
Name: SIMON, WILLIAM
Address: 616 N 64TH ST.
City-St-Zip: PHILADELPHIA, PA 19151 US

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: TWAUNNA WALTON P 03/28/2011
Electronic Signature of Signing Officer or Director Date