FILED May 02, 2008 8:00 am Secretary of State

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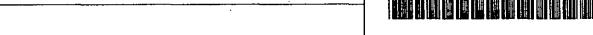
TENDER LOVING CARE COMPLEX, INC.

Mailing Address

Principal Place of Business

1150 SW 20TH AVENUE CAPE CORAL FL 33991

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01182008 No Chg-NP CR2E037 (4/06) Applied For 4. FEI Number 65-0563230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent RICHMAN, KENNETH W JR. 8955 FONTANA BEL SOL WAY NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

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8. 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. I am familiar with, and accept the obligations of registered agent.

Scingture stypedur printed name of requesered agent and title if applicable

Fee Required

Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. NAME GERST, VIRGINIA M STREET ADDRESS 4208 SE 7TH PLACE CITY-ST-7/P CAPE CORAL, FL 33904 TITLE SD MAKE RICHMAN, KENNETH WJR. STREET ADDRESS 8955 FONTANA DEL SOL WAY CITY-ST-ZIP NAPLES, FL 34108 TITLE GOVIN.AL TONI CAE HURLEY STREET ADDRESS 2110 SE 18TH AVENUE 9K-TZ-YILL CAPE CORAL, FL 33004 TITLE NAME MAGNESS, SHERRY A STREET ADDRESS 2104 SW 52ND LANE CITY-ST-ZP CAPE CORAL, FL 33914 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 primarile empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE