2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P00000036289** 1. Entity Name ELZAIDA'S CARING HANDS, INC. Principal Place of Business Mailing Address 1617 MADRID DR. 1617 MADRID DR. LARGO, FL 33778 LARGO, FL 33778 No Chg-P 04252005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3641208 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SINGH, CARMEN DO NOT WRITE 1617 MADRID DR. LARGO, FL 33778 _ IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE I\$ \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SINGH, CARMEN **H**000000347695 1617 MADRID DR. STREET ADDRESS 04/30/05-80127-004 150.00 CITY-ST-ZIP LARGO, FL 33778 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS GITY-ST-ZIP NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED