

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000019781

FILED
Oct 24, 2007
Secretary of State

Entity Name: LITTLE BUDDIES HOME CARE, INC.

Current Principal Place of Business:

2429 S RAMONA CIRCLE
TAMPA, FL 336128415

New Principal Place of Business:

Current Mailing Address:

2429 S RAMONA CIRCLE
TAMPA, FL 336128415

New Mailing Address:

FEI Number: 52-2223706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANEZIC, JOSEPH
4815 E BUSCH BLVD. SUITE 113
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

LEE, KEVIN F
4815 E BUSCH BLVD. SUITE 204
TAMPA, FL 33617 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: KEVIN LEE

10/24/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOLVERE, FRANCIS
Address: 2429 S RAMONA CIRCLE
City-St-Zip: TAMPA, FL 336128415

Title: VP () Delete
Name: WILLOCK, CHAZ
Address: 2429 S RAMONA CIRCLE
City-St-Zip: TAMPA, FL 336128415

Title: T () Delete
Name: FRANCIS, VENETA
Address: 2429 S RAMONA CIRCLE
City-St-Zip: TAMPA, FL 336128415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANCIS, MOLVERE
Address: 2429 S RAMONA CIRCLE
City-St-Zip: TAMPA, FL 336128415

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOLVERE FRANCIS

P

10/24/2007

Electronic Signature of Signing Officer or Director

Date