


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90305 030 ***150.00

DOCUMENT # P02000110231 1. Entity Name CARING HANDS MAKES THE DIFFERENCE, INC.			
Principal Place of Business 2801 AVENUE F FT PIERCE, FL 34947		Mailing Address 2801 AVENUE F FT PIERCE, FL 34947	
2. Principal Place of Business 700 TREASURE CAY Suite, Apt. #, etc. # 201		3. Mailing Address P.O. Box 5558 Suite, Apt. #, etc.	
City & State FORT PIERCE		City & State FORT PIERCE, FL	
4. FEI Number 56-2243966		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, EDWIN T 2801 AVENUE F FT PIERCE, FL 34947		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700 TREASURE CAY # 201 City FORT PIERCE FL Zip Code 34947	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARPER, EDWIN T 2801 AVENUE F FT PIERCE, FL 34947	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPS 700 TREASURE CAY # 201 FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN HARPER, ANDREA P 2801 AVENUE F FT PIERCE, FL 34947	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE: <i>Edwin T Harper</i>		Edwin T Harper Date: 4/13/05 Daytime Phone #: (772) 628 8698 President	