

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110231

**FILED**  
**May 05, 2010**  
**Secretary of State**

**Entity Name:** CARING HANDS MAKES THE DIFFERENCE, INC.

**Current Principal Place of Business:**

7410 SOUTH U S HIGHWAY 1, SUITE 407  
PORT ST. LUCIE, FL 349521420

**New Principal Place of Business:**

768 SE LANDSDOWNE AVENUE  
PORT ST. LUCIE, FL 34983 US

**Current Mailing Address:**

7410 SOUTH U S HIGHWAY 1, SUITE 407  
PORT ST. LUCIE, FL 349521420

**New Mailing Address:**

768 SE LANDSDOWNE AVENUE  
PORT ST. LUCIE, FL 34983 US

FEI Number: 56-2293966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARPER, EDWIN T  
7410 S. U S HIGHWAY 1  
STE 407  
PORT SAINT LUCIE, FL 349521420 US

**Name and Address of New Registered Agent:**

HARPER, EDWIN T  
768 SE LANDSDOWNE AVENUE  
PORT SAINT LUCIE, FL 34983 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: EDWIN T HARPER

05/05/2010

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: DPS  
Name: HARPER, EDWIN T  
Address: 768 SE LANDSDOWNE AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWIN T HARPER

DPS

05/05/2010

Electronic Signature of Signing Officer or Director

Date