

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124263

FILED
Apr 28, 2009
Secretary of State

Entity Name: LOVING HEARTS CARING FRIENDS, INC.

Current Principal Place of Business:

1834 SW MORELIA LN
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

907 SW CONNECTICUT TERRACE
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

1834 SW MORELIA LN
PORT ST. LUCIE, FL 34953

New Mailing Address:

907 SW CONNECTICUT TERRACE
PORT ST. LUCIE, FL 34953 US

FEI Number: 20-0357781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, MAXINE
1834 SW MORELIA LANE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

O'HEARN, JAMES J
2466 NE 17TH COURT
JENSEN BEACH, FL 34957 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: JAMES J O'HEARN

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, MAXINE
Address: 1834 SW MORELIA LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SD () Delete
Name: DERRICK, TAYLOR
Address: 1834 SW MORELIA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAYLOR, MAXINE
Address: 907 SW CONNECTICUT TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: SD (X) Change () Addition
Name: DERRICK, TAYLOR
Address: 907 SW CONNECTICUT TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: MAXINE TAYLOR

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date