2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# P03000124978

Entity Name: CARING HANDS OF NAPLES, INC.

Current Principal Place of Business:

1105 RESERVE CT
APT 207
NAPLES, FL 34105

New Principal Place of Business:

4630 ST CROIX LANE
APT 812
NAPLES, FL 34109

Current Mailing Address:

1105 RESERVE CT
APT 207
NAPLES, FL 34105

New Mailing Address:

4630 ST CROIX LANE
APT 812
NAPLES, FL 34109

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INNIS-MONTGOMERY, NORMA L
1105 RESERVE CT
APT 207
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

INNIS-MONTGOMERY, NORMA L
4630 ST CROIX LANE
APT 812
NAPLES, FL 34109 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: 03/01/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: INNIS-MONTGOMERY, NORMA
Address: 1105 RESERVE CT APT 207
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: INNIS-MONTGOMERY, NORMA
Address: 4630 ST CROIX LANE
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMA INNIS-MONTGOMERY PD 03/01/2006
Electronic Signature of Signing Officer or Director — Date