2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124978

Entity Name: CARING HANDS OF NAPLES, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4630 ST CROIX LANE

APT 812

NAPLES, FL 34113

NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

4630 ST CROIX LANE
APT 812
NAPLES, FL 34113
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: Name and Address of New Registered Agent:

INNIS-MONTGOMERY, NORMA L
4630 ST CROIX LANE
APT 812
NAPLES, FL 34109 US
INNIS-MONTGOMERY, NORMA L
6016 DOGLEG DRIVE
NAPLES, FL 34113 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: 04/25/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete

Name: INNIS-MONTGOMERY, NORMA Address: 4630 ST CROIX LANE City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition Name: INNIS-MONTGOMERY, NORMA

Address: 6016 DOGLEG DRIVE City-St-Zip: NAPLES, FL 34113

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: NORMA INNIS- MONTGOMERY PD 04/25/2007