## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000149851

Entity Name: CARING HEARTS.INC

FILED Jan 24, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
1100 94TH AVE NORTH 1108 ST PETERSBURG, FL 33702		2435 U.S HWY 19 SUITE 130 HOLIDAY, FL 34691		
Current Mailing Address:				
Current Maining Ad	idress:	New Mailing Address:		
1100 94TH AVE NO 1108 ST PETERSBURG,		2435 U.S HWY 19 SUITE 130 HOLIDAY, FL 34691		
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	Name and Address of New Registered Agent:	
REED, PHILIP 3556 DOVE HOLLO' PALM HARBOR, FL The above named ei in the State of Florida SIGNATURE: PHIL	34683 US ntity submits this statement for th a.	e purpose of changing its registered	office or registered agent, or both,	
	ctronic Signature of Registered	Aaent	 Date	
In accordance with s. 6	07.193(2)(b), F.S., the corporation did ancing Trust Fund Contribution().	I not receive the prior notice.	S TO OFFICERS AND DIRECTORS	
	() Delete HILIP /E HOLLOW CT RBOR, FL 34683	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zin:	( ) Delete	Title: D ( Name: HANNON, DEE Address: 2842 PADDOC City-St-Zin: PALM HARBO	CK DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILIP P 01/24/2005