2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# P04000085659

Entity Name: MELTON WE CARE CENTER, INC.

Current Principal Place of Business:

C/O YEWANDA MELTON
41 CENTRAL STREET
CLEWISTON, FL 33440

New Principal Place of Business:

C/O YEWANDA MELTON
41 CENTRAL STREET
CLEWISTON, FL 33440 US

Current Mailing Address:

C/O YEWANDA MELTON
P.O. BOX 2092
CLEWISTON, FL 33440

New Mailing Address:

C/O YEWANDA MELTON
P.O. BOX 2092
CLEWISTON, FL 33440 US

FEI Number: 20-1188978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: DPST ( ) Delete
Name: MELTON, YEWANDA
Address: P.O. BOX 2092
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: O'HEARN, JAMES J
Address: 2460 NE 17TH CT
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: MELTON, YEWANDA
Address: P.O. BOX 2092
City-St-Zip: CLEWISTON, FL 33440 US

Title: D (X) Change ( ) Addition
Name: O'HEARN, JAMES J
Address: 2460 NE 17TH CT
City-St-Zip: JENSEN BEACH, FL 34957 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: JAMES J. O'HEARN D 05/08/2009

Electronic Signature of Signing Officer or Director Date