

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000048669

FILED
Mar 17, 2008
Secretary of State**Entity Name:** SHIRLEY'S PERSONAL CARE SERVICES OF OKEECHOBEE, INC.**Current Principal Place of Business:**316 NW 5TH STREET
OKEECHOBEE, FL 34972**New Principal Place of Business:****Current Mailing Address:**316 NW 5TH STREET
OKEECHOBEE, FL 34972**New Mailing Address:****FEI Number:** 20-3039985**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAKER, SHIRLEY
316 NW 5TH STREET
OKEECHOBEE, FL 34972 US**Name and Address of New Registered Agent:**BAKER, SHIRLEY
4828 SE ISABELITA
STUART, FLORIDA, FL 34997 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: SHIRLEY BAKER

03/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: BAKER, SHIRLEY
Address: 316 NW 5TH STREET
City-St-Zip: OKEECHOBEE, FL 34972**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: BAKER, SHIRLEY
Address: 4828 SE ISABELITA
City-St-Zip: STUART, FL 34997

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: SHIRLEY BAKER

D

03/17/2008

Electronic Signature of Signing Officer or Director

Date