2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P05000048716

Entity Name: SHIRLEY'S PERSONAL CARE SERVICES OF LEHIGH ACRES, INC.

Current Principal Place of Business:

45 N ALABAMA RD
SUITE #3
LEHIGH ACRES, FL 33936 LE

New Principal Place of Business:

Current Mailing Address:

45 N ALABAMA RD
SUITE #3
LEHIGH ACRES, FL 33936 LE

New Mailing Address:

FEI Number: 20-3034397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, SHIRLEY
4828 SE ISABELITA AVE
STUART, FL 34997 US

Name and Address of New Registered Agent:

BAKER, SHIRLEY
1550 SOUTH OCEAN DRIVE
APT. D20
FORT PIERCE, FL 34949 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: 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BAKER, SHIRLEY
Address: 4828 SE ISABELITA AVE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BAKER, SHIRLEY
Address: 1550 SOUTH OCEAN DRIVE APT. D20
City-St-Zip: FORT PIERCE, FL 34949

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 CEO 04/16/2009
Electronic Signature of Signing Officer or Director Date