

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064609

Entity Name: NEVIE'S CARING HANDS, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

2182 LAKE MARION DR
APOPKA, FL 32712

New Principal Place of Business:

4449 CENTENNIAL DRIVE
ORLANDO, FL 32808

Current Mailing Address:

2182 LAKE MARION DR
APOPKA, FL 32712

New Mailing Address:

2182 LAKE MARION DRIVE
APOPKA, FL 32712

FEI Number: 05-0630667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, LOVINA
2182 LAKE MARION DR
APOPKA, FL 32712 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLOMON, LOVINA E P
Address: 2182 LAKE MARION DRIVE
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOVINA SOLOMON

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date