2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P05000065224 1. Entity Name GLADY'S GROUP HOME, INC. Principal Place of Business Mailing Address 213 LANGFIELD AVE 213 LANGFIELD AVE PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34984 03102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2511802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, GLADYS DO NOT WRITE 213 LANGFIELD AVE SW PORT SAINT LUCIE, FL 34984 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 114114 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS SD TITLE TATUM, YAMARIS NAME STREET ADDRESS 213 LANGFIELD AVE PORT ST LUCIE, FL 34984 CITY-ST-ZIP TITLE HERNANDEZ, GLADYS NAME 213 LANGFIELD AVE STREET ADDRESS PORT ST LUCIE, FL 34984 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TY D OR PRINTED NA OF SIGNING OFFICER OR DIRECTOR