

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118976

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: MIGHTY HANDS LOVING CARE INC.

**Current Principal Place of Business:**

511 SE PENN AVE.  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

511 SE PENN AVE.  
PORT SAINT LUCIE, FL 34984

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

CASTOR, NATACHA  
408 WILLOWS AVE  
PORT SAINT LUCIE, FL 34954 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: NATACHA CASTOR

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CASTOR, NATACHA  
Address: 511 SE PENN AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D ( ) Delete  
Name: SAINTIL, ROMENE  
Address: 1102 HEMLOCK CIRCLE  
City-St-Zip: FORT PIERCE, FL 34947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: SAINTIL, ROMENE  
Address: 1007 ANGLE ROAD  
City-St-Zip: FORT PIERCE, FL 34947

I hereby certify that the information supplied with this filing does not qualify for the 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: NATACHA CASTOR

OFFI

04/28/2006

Electronic Signature of Signing Officer or Director

Date