2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118976

Entity Name: MIGHTY HANDS LOVING CARE INC.

Current Principal Place of Business:	**New Principal Place of Business:**
511 SE PENN AVE. PORT SAINT LUCIE, FL 34984	

Current Mailing Address:	**New Mailing Address:**
511 SE PENN AVE. PORT SAINT LUCIE, FL 34984	

FEI Number: FEI Number Applied For ( )   FEI Number Not Applicable (X)   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CASTOR, NATACHA 408 WILLOWS AVE PORT SAINT LUCIE, FL 34954 US	MIGHTY HANDS LOVING 511 SE PENN AVE PORT SAINT LUCIE, FL 34984 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: MIGHTY HANDS LOVING CARE   04/30/2007
_____
            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: 1007 ANGLE ROAD
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: 2310 NEWPORT ISLES BVLD
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: NATACHA CASTOR   D   04/30/2007
_____
            Electronic Signature of Signing Officer or Director   Date