

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118976

FILED
Apr 30, 2009
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: 20-3478363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGHTY HANDS LOVING
511 SE PENN AVE
PORT SAINT LUCIE, FL 34984 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: 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: 2310 NEWPORT ISLES BVLD
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SAINTIL, ROMENE
Address: 4139 WORLINGTON TER
City-St-Zip: PORT SAINT LUCIE, FL 34947

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date