2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P05000126899

Entity Name: TENDER CARE COMPANION & HOME MAKER SERVICES, INC.

Current Principal Place of Business:

6945 SW 4TH STREET
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

6945 SW 4TH STREET
MARGATE, FL 33068

New Mailing Address:

FEI Number: 35-2263123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, SANDRA
6945 SW 4TH STREET
MARGATE, FL 33068 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: HENRY, SANDRA
Address: 6945 SW 4TH STREET
City-St-Zip: MARGATE, FL 33068

Title: D ( ) Delete
Name: HENRY, CHARLTON
Address: 6945 SW 4TH STREET
City-St-Zip: MARGATE, FL 33068

Title: VP ( ) Delete
Name: EDWARDS, TRUDY-ANN
Address: 2790 SOMERSET DR #207
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: PDST ( ) Delete
Name: HENRY, SANDRA B
Address: 6945 SW 4TH STREET
City-St-Zip: MARGATE, FL 33068

Title: MD ( ) Delete
Name: HENRY, SANDRA
Address: 6945 SW 4TH STREET
City-St-Zip: MARGATE, FL 33068

Title: C ( ) Delete
Name: HENRY, CHARLTON
Address: 6945 SW 4TH STREET
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SANDRA HENRY P 04/23/2008

Electronic Signature of Signing Officer or Director — Date