

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000160769

Entity Name: ALL CARING HANDS, INC.

FILED
Jun 04, 2008
Secretary of State

Current Principal Place of Business:

7896 SONOMA SPING CIRCLE
SUITE 305
LAKE WORTH, FL 33463 US

New Principal Place of Business:

14380 86TH RD NORTH
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

7896 SONOMA SPING CIRCLE
SUITE 305
LAKE WORTH, FL 33463 US

New Mailing Address:

14380 86TH RD NORTH
LOXAHATCHEE, FL 33470 US

FEI Number: 20-3909665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILLAUME, CARINE
7896 SONOMA SPING CIRCLE
SUITE 305
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

GUILLAUME, CARINE L
14380 86TH RD NORTH
LOXAHATCHEE, FL 33470 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: CARINR L GUILLAUME

06/04/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: GUILLAUME, CARINE
Address: 7896 SONOMA SPING CIRCLE, SUITE 305
City-St-Zip: LAKE WORTH,, FL 33463 US

Title: D/ST () Delete
Name: GUILLAUME, CARINE
Address: 7896 SONOMA SPING CIRCLE, SUITE 305
City-St-Zip: LAKE WORTH,, FL 33463 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D (X) Change () Addition
Name: GUILLAUME, CARINE L
Address: 14380 86TH RD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: O/D (X) Change () Addition
Name: JEAN BAPTISTE, M CARMELLE
Address: 1044 NE 210 TER
City-St-Zip: NORTH MIAMI BCH, FL 33179 US

Title: O/D () Change (X) Addition
Name: ALEXIS, FRANTZ
Address: 2144 WHITE PINE CIRCLE SUITE D
City-St-Zip: WESTPALM BCH, FL 33415 US

Title: O/D () Change (X) Addition
Name: CHERIZARD, JACQUELIN
Address: 308 NW AVENUE K
City-St-Zip: BELLEGRADE, FL 33430 US

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: CARINE L GUILLAUME

O/D

06/04/2008

Electronic Signature of Signing Officer or Director

Date