2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P06000096045

Entity Name: ESSENCE OF CARING INC.

Current Principal Place of Business:

308 N18 COURT
FORT PIERCE, FL 34950

New Principal Place of Business:

308 N 18 COURT
FORT PIERCE, FL 34950 US

Current Mailing Address:

308 N18 COURT
FORT PIERCE, FL 34950

New Mailing Address:

308 N 18 COURT
FORT PIERCE, FL 34950 US

FEI Number: 20-5324072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, DOLLY
308 N18 COURT
FORT PIERCE, FL 34950 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: P/D ( ) Delete
Name: KNIGHT, DOLLY
Address: 308 NORTH 18 COURT
City-St-Zip: FORT PIERCE, FL 34950

Title: VP/T ( ) Delete
Name: KNIGHT, DOLLY
Address: 308 NORTH 18 COURT
City-St-Zip: FORT PIERCE, FL 34950

Title: S ( ) Delete
Name: KNIGHT, DOLLY
Address: 308 NORTH 18 COURT
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: KNIGHT, DOLLY
Address: 308 NORTH 18 COURT
City-St-Zip: FORT PIERCE, FL 34950 US

Title: VP/T (X) Change ( ) Addition
Name: KNIGHT, DOLLY
Address: 308 NORTH 18 COURT
City-St-Zip: FORT PIERCE, FL 34950 US

Title: S (X) Change ( ) Addition
Name: KNIGHT, DOLLY
Address: 308 NORTH 18 COURT
City-St-Zip: FORT PIERCE, FL 34950 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: DOLLY KNIGHT PDST 04/17/2009

Electronic Signature of Signing Officer or Director — Date