2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P07000049087

Entity Name: BLESSED HANDS HEALTH CARE, INC.

Current Principal Place of Business:

834 SE FESTIVA COURT
PORT ST LUCIE, FL 34953

New Principal Place of Business:

1465 SE OCEAN LANE
PORT ST LUCIE, FL 34983 US

Current Mailing Address:

P. O. BOX 3161
FORT PIERCE, FL 34948

New Mailing Address:

P.O. BOX 3161
FORT PIERCE, FL 34948 US

FEI Number: 20-8905999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'HEARN, JAMES J
2466 NE 17TH COURT
JENSEN BEACH, FL 34957 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: PD ( ) Delete
Name: STRAND, JAMES E
Address: 4492 WHISPERING PINES LANE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STRAND, JAMES E
Address: 834 SE FESTIVO COURT
City-St-Zip: PORT ST LUCIE, FL 34983 SE

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: JAMES E STRAND P 04/08/2009

Electronic Signature of Signing Officer or Director Date