2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P07000088945

Entity Name: WE CARE LIFE SOURCE, INC

Current Principal Place of Business:

1004 E DR. MARTIN LUTHER KING JR BLVD
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2602
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 26-0672086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARGROVE, LAVONDA M
1004 E DR MARTIN LUTHER KING JR BLVD
PLANT CITY, FL 33563 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

OFFICERS AND DIRECTORS:

Title: P
Name: HARGROVE, LAVONDA M
Address: 1004 E DR MARTIN LUTHER KING JR BLVD
City-St-Zip: PLANT CITY, FL 33563

Title: VP
Name: HARGROVE, BRANDON
Address: 1004 E DR MARTIN LUTHER KING JR BLVD
City-St-Zip: PLANT CITY, FL 33563

Title: TRES
Name: LOYD, LASHAWN
Address: 1004 E DR MARTIN LUTHER KING JR BLVD
City-St-Zip: PLANT CITY, FL 33563

Title: O
Name: HARGROVE, ANDREW M
Address: 1004 E DR MARTIN LUTHER KING JR BLVD
City-St-Zip: PLANT CITY, FL 33563

Title: O
Name: HARGROVE, DERRICK K SR
Address: 1004 E. DR MARTIN LUTHER KING JR BLVD
City-St-Zip: PLANT CITY, FL 33563

I hereby 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 all other like empowered.

SIGNATURE: LAVONDA HARGROVE P 02/18/2011

Electronic Signature of Signing Officer or Director — Date