2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P07000126825

Entity Name: WE CARE COMPANION AND HOMECARE SERVICES INC.

Current Principal Place of Business:

9291 LAULREL GREEN DRIVE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

9599 SUN POINTE DR
BOYNTON BEACH, FL 33437

Current Mailing Address:

9291 LAULREL GREEN DRIVE
BOYNTON BEACH, FL 33437

New Mailing Address:

9599 SUN POINTE DR
BOYNTON BEACH, FL 33437

FEI Number: 26-1583013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, ARLENE
9291 LAULREL GREEN DRIVE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

HENRY, ARLENE
9599 SUN POINTE
BOYNTON BEACH, FL 33437 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: _____ 04/06/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HENRY, EDWIN
Address: 9291 LAULREL GREEN DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: HENRY, ARLENE
Address: 9291 LAULREL GREEN DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: HENRY, ARLENE
Address: 9599 SUN POINTE DR
City-St-Zip: BOYNTON BEACH, FL 33437

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: ARLENE HENRY P/D 04/06/2009
Electronic Signature of Signing Officer or Director — Date