2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# P08000034188

Entity Name: FAITH CARES INC

Current Principal Place of Business:

8562 DUCHESS CT E
BOTNTON BEACH, FL 33436

New Principal Place of Business:

8562 DUCHESS CT E
BOYNTON BEACH, FL 33436

Current Mailing Address:

8562 DUCHESS CT E
BOTNTON BEACH, FL 33436

New Mailing Address:

8562 DUCHESS CT E
BOYNTON BEACH, FL 33436

FEI Number: 61-1590664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, FAITH
8562 DUCHESS CT E
BOTNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

CAMPBELL, FAITH
8562 DUCHESS CT E
BOYNTON BEACH, FL 33436 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: 03/15/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CAMPBELL, FAITH
Address: 8562 DUCHESS CT E
City-St-Zip: BOTNTON BEACH, FL 33436

Title: VP (X) Delete
Name: CAMPBELL, JOHN C
Address: 24 HAVILAND ST APT 30
City-St-Zip: BOSTON, MA 02115

Title: ST (X) Delete
Name: CAMPBELL, FAITH
Address: 8562 DUCHESS CT E
City-St-Zip: BOTNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: FAITH CAMPBELL PRES 03/15/2009
Electronic Signature of Signing Officer or Director — Date