

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058277

Entity Name: CAREGIVER'S TOO, INC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

2304 N FLORIDA AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

2621 E LAKE AVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 26-2799174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLS-ACKBAR, RICHEDEAN
2621 E LAKE AVE
TAMPA, FL 33610 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILLS-ACKBAR, RICHEDEAN
Address: 2621 E LAKE AVE
City-St-Zip: TAMPA, FL 33610 US

Title: VP () Delete
Name: PETERSON, KAREN
Address: 9257 RANBLEWOOD DR
City-St-Zip: TAMPA, FL 33071

Title: VP () Delete
Name: FORD, TIA
Address: 7909 24TH AVE SOUTH
City-St-Zip: TAMPA, FL 33619 US

Title: S () Delete
Name: WATTS, THOMASINE
Address: 11415 SMOKEHORN DR.
City-St-Zip: RIVERVIEW, FL 33579 US

Title: T (X) Delete
Name: VALENTIN, JOSE
Address: 7017 TIDEWATER TRAIL
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP/T (X) Change () Addition
Name: FORD, TIA
Address: 7909 24TH AVE SOUTH
City-St-Zip: TAMPA, FL 33619 US

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: RICHEDEAN HILLS-ACKBAR

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date