2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

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Entity Name: A TIME TO SHARE A TIME TO CARE, INC.

Current Principal Place of Business:

4710 SEASCAPE WAY #308
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 57684
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 38-3793871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAIRL, THERESA
4710 SEASCAPE WAY # 308
JACKSONVILLE, FL 32224 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: CAIRL, THERESA
Address: P.O. BOX 57684
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: V
Name: CAIRL, BETTIE
Address: 359 CLAYMORE ROAD
City-St-Zip: RICHMOND HTS., OH 44143 US

Title: S
Name: COBBS, TELANSA
Address: 359 CLAYMORE ROAD
City-St-Zip: RICHMOND HTS., OH 44143 US

Title: D
Name: CAIRL, THERESA
Address: 4710 SEASCAPE WAY # 308
City-St-Zip: JACKSONVILLE, FL 32224 US

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: THERESA CAIRL P 04/28/2011

Electronic Signature of Signing Officer or Director Date