2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# P08000100059

Entity Name: GULF COAST ASSISTING HANDS, INC.

Current Principal Place of Business:

20588 TORRE DEL LAGO ST.
ESTERO, FL 33928 US

New Principal Place of Business:

10661 AIRPORT PULLING ROAD N
15
NAPLE, FL 34109 US

Current Mailing Address:

20588 TORRE DEL LAGO ST.
ESTERO, FL 33928 US

New Mailing Address:

10661 AIRPORT PULLING ROAD N
15
NAPLE, FL 34109 US

FEI Number: 26-3900401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINIECKI, ROBB A
20588 TORRE DEL LAGO ST.
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

WINIECKI, ROBB A
10661 AIRPORT PULLING ROAD N
15
NAPLES, FL 34109 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: 02/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WINIECKI, ROBB A
Address: 20588 TORRE DEL LAGO ST.
City-St-Zip: ESTERO, FL 33928 US

Title: VP,T ( ) Delete
Name: WINIECKI, PATRICIA A
Address: 20588 TORRE DEL LAGO ST.
City-St-Zip: ESTERO, FL 33928 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: WINIECKI, ROBB A
Address: 10661 AIRPORT PULLING ROAD N, SUITE 15
City-St-Zip: NAPLES, FL 34109 US

Title: P, S (X) Change ( ) Addition
Name: WINIECKI, PATRICIA A
Address: 10661 AIRPPORT PULLING ROAD N, SUITE 15
City-St-Zip: NAPLES, FL 34109 US

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: ROBB WINIECKI T 02/16/2009
Electronic Signature of Signing Officer or Director — Date