

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013263

FILED
Apr 13, 2009
Secretary of State

Entity Name: OLIVINNE'S IN-HOME CARE, INC.

Current Principal Place of Business:

3153 NW 114 AVE.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3153 NW 114 AVE.
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0727726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKFORD-WILLIAMS, OLIVINNE 3
3153 NW 114 AVE.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

WILLIAMS-OVERTON, SEYMOUR SR
3153 NW 114 AVE.
CORAL SPRINGS, FL 33065 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: SEYMOUR O WILLIAMS SR 04/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BECKFORD-WILLIAMS, OLIVINNE
Address: 3153 NW 114 AVE.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WILLIAMS-OVERTON, SEYMOUR SR
Address: 3153 NW 114 AVE.
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: T () Change (X) Addition
Name: WILLIAMS-OVERTON, SEYMOUR SR
Address: 3153 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP () Change (X) Addition
Name: WILLIAMS-BECKFORD, OLIVINNE
Address: 3153 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S () Change (X) Addition
Name: WILLIAMS-BECKFORD, OLIVINNE
Address: 3153 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 33065 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: SEYMOUR O WILLIAMS CEO 04/13/2009
Electronic Signature of Signing Officer or Director Date