2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P99000017350

Entity Name: JEM'S TENDER HEART CARE, INC.

Current Principal Place of Business:

609 OAK AVENUE
MOUNT DORA, FL 32767

New Principal Place of Business:

Current Mailing Address:

609 OAK AVENUE
MOUNT DORA, FL 32767

New Mailing Address:

FEI Number: 59-3561981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCAMPO, MARILOU R
10330 WILLOW RIDGE LOOP
ORLANDO, FL 32825 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OCAMPO, SHERMAN T
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: VP ( ) Delete
Name: OCAMPO, MARIQUITA
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: SEC ( ) Delete
Name: OCAMPO, MARILOU R
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: T ( ) Delete
Name: OCAMPO, RODRIGO S
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: OCAMPO, RODRIGO
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OCAMPO, RODRIGO S
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

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

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

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

Title: DIR (X) Change ( ) Addition
Name: OCAMPO, SHERMAN T
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

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: SHERMAN T.OCAMPO DIR 04/06/2009

Electronic Signature of Signing Officer or Director — Date