

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103166

FILED
Apr 27, 2010
Secretary of State

Entity Name: CAREGIVERS, INC.

Current Principal Place of Business:

4400 BAYOU BLVD., STE. 9
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD., STE. 9
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3418882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAEMER, MARY K
4475 LEGENDARY DRIVE
DESTIN, FL 32541 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
Name: GAETZ, DONALD J
Address: 24 BLUEWATER POINT
City-St-Zip: NICEVILLE, FL 32580

Title: D
Name: GAETZ, VICKY
Address: 24 BLUEWATER POINT
City-St-Zip: NICEVILLE, FL 32580

Title: VP
Name: HOLMES, KATHALEEN M
Address: 2121 WINDHAM DRIVE
City-St-Zip: MOLINO, FL 32577

Title: D
Name: GAETZ, MATTHEW
Address: 24 BLUEWATER POINT
City-St-Zip: NICEVILLE, FL 32580

Title: D
Name: GAETZ, ERIN
Address: 24 BLUEWATER POINT
City-St-Zip: NICEVILLE, FL 32580

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: KATHALEEN M. HOLMES

VP

04/27/2010

Electronic Signature of Signing Officer or Director

_____ Date