

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003355

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: LOVING HANDS BLIND ELDERLY & HANDICAP SENIORS, INC.

**Current Principal Place of Business:**

4817 JUDY ANN CT  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 533004  
ORLANDO, FL 32853

**New Mailing Address:**

FEI Number: 81-0648420      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BANKS, BOBBIE A  
4817 JUDY ANN CT.  
ORLANDO, FL 32808      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: DP ( ) Delete  
Name: BANKS, BOBBIE A  
Address: 4817 JUDY ANN CT.  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: ANDERSON, DAMIAN  
Address: 2003 VILLAGE GREEN  
City-St-Zip: ORLANDO, FL 32818

Title: DT ( ) Delete  
Name: BLACK, ANNIE P  
Address: 324 NORTH POWERS  
City-St-Zip: ORLANDO, FL 32810

Title: DS ( ) Delete  
Name: ESSUMAN, REBECCA  
Address: 2704 SILVERHILL APT 1  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BOBBIE A BANKS

CEO

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date