

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2006
Secretary of State

DOCUMENT# N00000003288

Entity Name: BOCA HELPING HANDS, INC.

Current Principal Place of Business:

127 NW 13TH STREET
SUITE 5
BOCA RATON, FL 33432

New Principal Place of Business:

138 NW 16TH STREET
BOCA RATON, FL 33432

Current Mailing Address:

127 NW 13TH STREET
SUITE 5
BOCA RATON, FL 33432

New Mailing Address:

138 NW 16TH STREET
BOCA RATON, FL 33432

FEI Number: 31-1713631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GART, DAVID A ESQ
C/O SHUTTS & BOWEN LLP
250 AUSTRALIAN AVE S, STE 500
W PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: D/T () Delete
Name: JAIVEN, JACK
Address: 17117 NEWPORT CLUB DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: FREUDENBERG, DAVE
Address: 3735 VICTORIA WAY
City-St-Zip: BOCA RATON, FL 33434

Title: D/V () Delete
Name: GART, DAVID
Address: 3096 NW 60ST
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: ANDREW, VISSICCHIO
Address: 2350 NW 38TH ST.
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: SORRELLI, JOHN
Address: 34-20 S OCEAN BLVD #61N
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D/P () Delete
Name: ARNOLD, ROSE MARIE
Address: 6714 CANARY PALM CIRCLE
City-St-Zip: BOCA RATON, FL 33433

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
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE SZAJA

ED

01/07/2006

Electronic Signature of Signing Officer or Director

_____ Date