

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# N00000004664

Entity Name: HANDS ON ORLANDO, INC.

Current Principal Place of Business:

199 E WELBORNE AVENUE
SUITE 201
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

199 E WELBORNE AVENUE
SUITE 201
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3660188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, CHRIS
199 E WELBORNE AVENUE
SUITE
WINTER PARK, FL 32789 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: TS () Delete
Name: ALLEN, CHRIS
Address: 199 E WELBORNE AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: P () Delete
Name: DAWSON, HORACE
Address: 199 E WELBORNE AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D () Delete
Name: MEYERS, KRISTI
Address: 199 E WELBORNE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: KAREN, DIDEA
Address: 199 E WELBORNE AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D (X) Delete
Name: MARIE, BRUSH
Address: 199 E WELBORNE AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

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:

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

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

SIGNATURE: CHRIS ALLEN

D

05/08/2007

Electronic Signature of Signing Officer or Director

_____ Date