

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 26, 2008  
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 ( )

**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

**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: D      (X) Change ( ) Addition  
Name: WOODY, PORTER  
Address: 199 E WELBORNE AVENUE  
City-St-Zip: WINTER PARK, FL 32789 US

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

TS

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date