## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005948

GAINESVILLE, FL 32601

City-St-Zip:

FILED Feb 13, 2007 Secretary of State

DOCON	1 - 1 1 1 H 1 1 1 0 0	0000000		Secretary of State	
Entity Nar	ne: RADIANT	HANDS INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
	51ST. BLVD LLE, FL 32608	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	51ST. BLVD LLE, FL 32608	US			
FEI Number:	20-2966567	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
4411 ŚW 3	EENA MS. 34TH ST #1103 LLE, FL 32608				
	named entity s of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
OFFICERS	S AND DIREC	rors:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () KHAN, AMEENA 4411 SW 34TH GAINESVILLE,	ST #1103	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () HASSANEIN, AN 7924 SW 51ST. GAINESVILLE, I	BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () KHAN, PATRICI 3504 SW 1ST V		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PATRICIA KHAN T 02/13/2007