

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000981

FILED
Apr 16, 2009
Secretary of State

Entity Name: LITTLE HANDS, BIG HEARTS, INC.

Current Principal Place of Business:

10504 SW 17TH PL
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

10504 SW 17TH PL
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 51-0666865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDRAKA, BARBARA
10504 SW 17TH PL
GAINESVILLE, FL 32607 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: P () Delete
Name: ANDRAKA, BARBARA
Address: 10504 SW 17TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: CHRISTOU, ALEXANDER
Address: 5525 NW 48TH PL
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: THISTLE, SHANNON
Address: 3425 SW 29TH TERR. B101
City-St-Zip: GAINESVILLE, FL 32608

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:

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: BARBARA ANDRAKA

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date