2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P05000137988

Entity Name: GOD SEND HELPING HANDS INC.

Current Principal Place of Business:

6014 SUDBURY AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

6014 SUDBURY AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINCKNEY, MARY H
6014 SUDBURY AVENUE
JACKSONVILLE, FL 32210 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PINCKNEY, MARY H
Address: 6014 SUDBURY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: O ( ) Delete
Name: JONES, JAVARDO A
Address: 1268 GANO AVENUE
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete
Name: GAFFNEY, KISHA
Address: 2651 UNIVERSITY BLVD. N #G207
City-St-Zip: JACKSONVILLE, FL 32211

Title: S ( ) Delete
Name: PINCKNEY, LATOYA
Address: 500 ACME STREET #1212
City-St-Zip: JACKSONVILLE, FL 32211

Title: O ( ) Delete
Name: PRESLEY, ARLENE
Address: 5942 COPPER LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: O ( ) Delete
Name: PINCKNEY, TRAMAINE
Address: 1127 W 27TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

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:

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

SIGNATURE: MARY H. PINCKNEY P 04/28/2006

Electronic Signature of Signing Officer or Director — Date