

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047019

FILED
Apr 12, 2011
Secretary of State

Entity Name: HELPING HANDS, CARING HEARTS INC.

Current Principal Place of Business:

526 CONNELL GROVES LANE
PLANT CITY, FL 33567

New Principal Place of Business:

1514 MENDONSA RD
SUITE 207
PLANT CITY, FL 33565

Current Mailing Address:

526 CONNELL GROVES LANE
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 61-1527037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARFIELD, LEONARD
526 CONNELL GROVES LANE
PLANT CITY, FL 33567 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: PD
Name: BARFIELD, LEONARD
Address: 526 CONNELL GROVES LANE
City-St-Zip: PLANT CITY, FL 33567

Title: VD
Name: BARFIELD, LEONARD
Address: 526 CONNELL GROVES LANE
City-St-Zip: PLANT CITY, FL 33567

I hereby 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 all other like empowered.

SIGNATURE: LEONARD BARFIELD

PD

04/12/2011

Electronic Signature of Signing Officer or Director

Date