

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90022 041 ***150.00



DOCUMENT # K58687
 1. Entity Name
HANDS, INC.

Principal Place of Business: **4625 E BAY DR SUITE 102 CLEARWATER FL 33764 US**
 Mailing Address: **3284 MASTERS DR CLEARWATER FL 33761 US**



2. Principal Place of Business: Suite. Apt. #, etc.
 3. Mailing Address: Suite. Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-2926829**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BAJEK-GIANACAKES, NANCY A.
3284 MASTERS DRIVE
CLEARWATER FL 34621

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: **33761-1819**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DPS	<input type="checkbox"/> Delete
NAME	BAJEK-GIANACAKES, NANCY	
STREET ADDRESS	3284 MASTERS DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIANACAKES, PETER	
STREET ADDRESS	15 CHARLES RD	
CITY-ST-ZIP	BERNARDSVILLE NJ 07924	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP	33761-1819		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *Nancy A. Bajek Gianacakes* Date: **2/21/06** Daytime Phone #: **(727) 735-0752**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR