


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90187 016 \*\*\*138.75

<b>DOCUMENT # L05000042751</b> 1. Entity Name <b>DONNA'S HELPING HANDS, LLC</b>					
Principal Place of Business <del>14300 66TH ST N. #505</del> <b>205 Ranch Ave</b> <b>CLEARWATER, FL 33764 US</b>			Mailing Address <b>5 GARFIELD CRESCENT</b> <b>BRAMPTON, ONTARIO, L6V 1-V7</b>		
2. Principal Place of Business - No P.O. Box # <b>205 Ranch Avenue</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Clearwater F</b>		City & State			
Zip <b>33764</b>		Country <b>USA</b>		4. FEI Number <b>98-0472240</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BUTTS, DONNA M</b> <del>14300 66TH ST N. #505</del> <b>205 Ranch Avenue</b> <b>CLEARWATER, FL 33764</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BUTTS, DONNA M</b> <del>14300 66TH ST N. #505</del> <b>205 Ranch Ave.</b> <b>CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE: Donna Butts</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>May 11/08</b> <small>Date Daytime Phone #</small>		