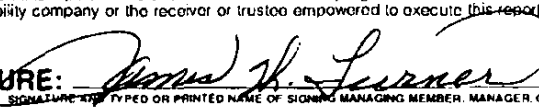


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 07, 2007 8:00 am
Secretary of State

04-17-2007 90248 048 ****50.00

DOCUMENT # L06000018973 1. Entity Name HANDS ON I, LLC					
Principal Place of Business 3952 MESA RD DESTIN FL 32541			Mailing Address 3952 MESA RD DESTIN FL 32541		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 204345947	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COWEN, EDDIE 912 S PALM BLVD E NICEVILLE FL 32578				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when certifying)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME TURNER, JAMES W SR		☐ Delete		
STREET ADDRESS 3952 MESA RD	CITY- ST- ZIP DESTIN FL 32541		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Change ☐ Addition		
STREET ADDRESS 	CITY- ST- ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Change ☐ Addition		
STREET ADDRESS 	CITY- ST- ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Change ☐ Addition		
STREET ADDRESS 	CITY- ST- ZIP 		☐ Change ☐ Addition		
11. 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 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.					
SIGNATURE: 			Date: 4/7/07		Certificate Phone #: 850-837-4688