

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004075

FILED
Apr 30, 2003
Secretary of State

Entity Name: EXTENDING HANDS, INC.

Current Principal Place of Business:

320 GREENFIELD ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

320 GREENFIELD ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-3727811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, MATTHEW
320 GREENFIELD ROAD
WINTER HAVEN, FL 33884

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 () Delete
Name: DOYLE, MATTHEW
Address: 320 GREENFIELD ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VSD () Delete
Name: GARNETT, BOBBY
Address: 1011 TENTH AVENUE SO.
City-St-Zip: LAKE WORTH, FL 33460

Title: VTD () Delete
Name: MAYO, DEVON
Address: 1011 TENTH AVENUE SO.
City-St-Zip: LAKE WORTH, FL 33460

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW DOYLE

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date