2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N01000004261

Entity Name: CAREGIVERS HELPING HAND, INC.

Current Principal Place of Business:

2621 EAST LAKE AVENUE
TAMPA, FL 33610

New Principal Place of Business:

2304 NORTH FLORIDA AVENUE
TAMPA, FL 33602

Current Mailing Address:

2621 EAST LAKE AVENUE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3725768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILLS-ACKBAR, RICHEDEAN Y CEO
2621 EAST LAKE AVENUE
TAMPA, FL 33610 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	( ) Delete
Name:	HILLS ACKBAR, RICHEDEAN	
Address:	2621 EAST ALEK AVE.	
City-St-Zip:	TAMPA, FL 33610	
Title:	VPD	( ) Delete
Name:	FORD, TIA	
Address:	9506 WINDERMERE PARK. CIR. #303	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	TD	( ) Delete
Name:	PEARSON, PAULETTE	
Address:	2619 E. 26TH AVE.	
City-St-Zip:	TAMPA, FL 33622	
Title:	SD	( ) Delete
Name:	WATTS, THOMASINE	
Address:	1415 FOXBORO DRIVE	
City-St-Zip:	BRANDON, FL 33511	
Title:	D	( ) Delete
Name:	COLE, SAMANTHA	
Address:	2026 BURPEE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	D	( ) Delete
Name:	AKBAR, TANYA	
Address:	3614 OSBORNE AVE.	
City-St-Zip:	TAMPA, FL 33610	

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:	
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 exemption stated in Chapter 119, 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: RICHEDEAN HILLS-ACKBAR PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date