

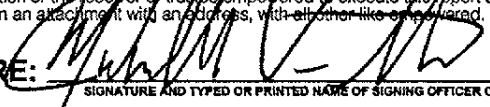


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N01000008636		
1. Entity Name HELPING HANDS OF HARBOUR TOWNE, INC.		
Principal Place of Business 801 NE 3RD ST DANIA BEACH, FL 33004		Mailing Address 801 NE 3RD ST DANIA BEACH, FL 33004
DO NOT WRITE IN THIS SPACE		
		
04262006 No Chg-NP CR2E037 (11/05)		
4. FEI Number 01-0556405		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC MIAMI CENTER 17TH FLOOR 201 S BISCAYNE BLVD MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PSD	
NAME	GROENWOLD, GARY	
STREET ADDRESS	801 NE 3RD ST	
CITY- ST- ZIP	DANIA BEACH, FL 33004	
TITLE	VTD	
NAME	VAN LENTEN, MICHELLE	
STREET ADDRESS	801 NE 3RD ST	
CITY- ST- ZIP	DANIA BEACH, FL 33004	
TITLE	D	
NAME	LOUIS, JOHN P	
STREET ADDRESS	801 NE 3RD ST	
CITY- ST- ZIP	DANIA BEACH, FL 33004	
TITLE	D	
NAME	ST COEUR, BRAD	
STREET ADDRESS	801 NE 3RD ST	
CITY- ST- ZIP	DANIA BEACH, FL 33004	
TITLE	D	
NAME	CHASSEN, JON ESQ	
STREET ADDRESS	201 S BISCAYNE BLVD, #1700	
CITY- ST- ZIP	MIAMI, FL 33131	
TITLE		
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 Chapter 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addressee, with either or like empowered.		
SIGNATURE:  Michelle Van Lenten		Date 4/26/06 954-926-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-926-0300