2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007954

FILED Apr 05, 2006 Secretary of State

Entity Name: TREASURE COAST HELPING HANDS CORPORATION

Current Principal Place of Business: New Principal Place of Business:

2001 AVENUE D FT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

600 ATLANTIC AVE FT PIERCE, FL 34950

FEI Number: 32-0055348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KURUSIS, RON
C/O MARINE CONNECTION
2970 NORTH US 1
FT PIERCE, FL 34946 US

SMITH, TODD J
600 ATLANTIC AVENUE
FT PIERCE, FL 34950

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: TODD J. SMITH 04/05/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HELTON, DONNIE Name: SMITH, TODD J

 Name:
 HELTON, DONNIE
 Name:
 SMITH, TODD J

 Address:
 600 ATLANTIC AVE
 Address:
 600 ATLANTIC AVE

 City-St-Zip:
 FT PIERCE, FL 34950
 City-St-Zip:
 FT PIERCE, FL 34950

Title: C () Delete Title: () Change () Addition Name: KURUSIS, RON Name:

 Name:
 KURUSIS, RON
 Name:

 Address:
 445 RIVER PRADO DR
 Address:

 City-St-Zip:
 FT PIERCE, FL 34946
 City-St-Zip:

Title: TS () Delete Title: () Change () Addition

 Name:
 JONES, VALÈRIE
 Name:

 Address:
 5511 RAINTREE TRAIL
 Address:

 City-St-Zip:
 FORT PIERCE, FL 34982
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD J. SMITH P 04/05/2006