2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2008
Secretary of State

DOCUMENT# N02000009328

Entity Name: HANDS ACROSS TRELAWNY, INC.

Current Principal Place of Business:

803 WOODMEADE COURT
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

2473 KALEY WALK
KENNESAW, GA 30152

New Mailing Address:

FEI Number: 55-0837750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMDATT, CHARLES A
803 WOODMEADE COURT
ORLANDO, FL 32828 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:	RAMDATT, CHARLES A	
Address:	803 WOODMEADE COURT	
City-St-Zip:	ORLANDO, FL 32828	
Title:	TD	( ) Delete
Name:	EARLE, CHRIS	
Address:	2473 KALEY WALK	
City-St-Zip:	KENNESAW, GA 30152	
Title:	SD	( ) Delete
Name:	WILSON, DENISE	
Address:	956 CARNEGIE AVE.	
City-St-Zip:	PLAINFIELD, NJ 07060	
Title:	VPD	( ) Delete
Name:	EARLE, PAUL	
Address:	7534 MANDAN RD	
City-St-Zip:	GREENBELT, MD 20770	

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:	

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: CHRIS EARLE TD 07/06/2008
Electronic Signature of Signing Officer or Director — Date