## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000039

Entity Name: X-TENDING HANDS, INC.

FILED May 19, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2813 PIONEER RD 7067 BLAIR DR. ORLANDO, FL 32808 ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 2813 PIONEER RD 7067 BLAIR DR. ORLANDO, FL 32808 ORLANDO, FL 32818 FEI Number: 82-0582436 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: Name and Address of New Registered Agent: WILLIAMS, SARAH 4438 CLUSTER DR ORLANDO, FL 32808 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCEO** (X) Change ( ) Addition () Delete NALL, TYNICA LATONYA, THOMAS Name: Name: 4490 KIRKMAN BLVD. Address: 801 CONLEY ST Address: City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32801 Title: Title: (X) Change ( ) Addition ( ) Delete BRINSON, RENEE Name: ANGELA, DONIPHAN Name: Address: 918 FRESH MEADOW CT Address: 1611 CRESTLAWN City-St-Zip: APOPKA, FL 32703 City-St-Zip: ORLANDO, FL 32811 Title: () Delete Title: (X) Change ( ) Addition JACKSON, COREY JACKSON, COREY Name: Name: 4490 KIRKLAND BLVD 3043 JOE LOUIS DR. Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32805 ( ) Delete Title: TD Title: TD (X) Change ( ) Addition BLAIN, MARIÈ Name: Name: TYNICA, NALL 5604 CORTEZ DRIVE 6818 ALTA WESTGATE DR APT. 8105 Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32818 Title: () Delete Title: ( ) Change (X) Addition MONICA, GADSON Name: Name: 4498 KIRKLAND BLVD Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32811 Title: () Delete Title: ( ) Change (X) Addition CECELIA, MARTIN Name: Name: Address: Address: 11756 OXFORDSHIRE PL ORLANDO, FL 32824 City-St-Zip: 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: BARBARA HOOSIER HD 05/19/2008