

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000039

FILED
Mar 17, 2011
Secretary of State

Entity Name: X-TENDING HANDS, INC.

Current Principal Place of Business:

7067 BLAIR DR.
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

7067 BLAIR DR.
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 82-0582436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SARAH
4438 CLUSTER DR.
ORLANDO, FL 32808 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: PCEO
Name: MONICA, GADSON
Address: 4549 KIRKLAND BLVD.
City-St-Zip: ORLANDO, FL 32811

Title: S
Name: ANGELA, DONIPHAN
Address: 1611 CRESTLAWN
City-St-Zip: ORLANDO, FL 32811

Title: V
Name: JACKSON, COREY
Address: 3043 JOE LOUIS DR.
City-St-Zip: ORLANDO, FL 32805

Title: TD
Name: TYNICA, NALL
Address: 4737 N. PINE HILL RD. APT. 201
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: LATONYA, THOMAS
Address: 801 CONLEY CT.
City-St-Zip: ORLANDO, FL 32805

Title: D
Name: HOOSIER, BARBARA
Address: 4490 KIRKLAND BLVD
City-St-Zip: ORLANDO, FL 32811

I hereby 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 all other like empowered.

SIGNATURE: BARBARA HOOSIER

ED

03/17/2011

Electronic Signature of Signing Officer or Director

Date