## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0300000185

FILED Apr 29, 2008 Secretary of State

Entity Name: EXTENDED HANDS COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:			iness:	New Principal Place of Business:	
	4TH STREET ERDALE, FL 33	3311	08		
Current Mailing Address:				New Mailing Address:	
	4TH STREET ERDALE, FL 33	3311	08		
FEI Number	: 30-0146687	FEI Nu	mber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent	Registered Agent:	Name and Address	of New Registered Agent:
	TORREY 4TH STREET		110		
	ERDALE, FL 33	3311	US		
FT. LAUD The above	,			purpose of changing its register	ed office or registered agent, or both,
FT. LAUD The above	e named entity s e of Florida.			purpose of changing its register	ed office or registered agent, or both,
FT. LAUD The above in the State	e named entity s e of Florida. RE:	ubmits			ed office or registered agent, or both,  Date
FT. LAUD The above in the State SIGNATUI	e named entity s e of Florida. RE:	ubmits ic Signa	this statement for the p	ent	
FT. LAUD The above in the State SIGNATUI	e named entity see of Florida.  RE: Electroni S AND DIRECT	ic Signa  FORS:  Delete  REY  TREET	this statement for the particular that the particular statement for the particular that the particular states and the particular states and the particular states are particular to the particular states are particular states are particular to the particular states are particular to the particular states are partic	ent	Date
FT. LAUD The above in the State SIGNATUI  OFFICER Title: Name: Address:	e named entity s e of Florida.  RE:  Electroni  S AND DIRECT  P () PHILLIPS, TORE 1100 NW 4TH S FORT LAUDERE	ic Signa  FORS:  Delete REY STREET DALE, FL  Delete HA STREET	this statement for the particle of Registered Agrays	ent  ADDITIONS/CHANG  Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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: KEISHA PHILLIPS VP 04/29/2008