## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000911

FILED Apr 30, 2007 Secretary of State

Entity Name: HELPING HANDS OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 3254 8350 OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 334023254 WEST PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** PO BOX 3254 WEST PALM BEACH, FL 334023254 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLIGAN, ALPHONSO S ESQ. SUITE 6 2580 METROCENTRE BLVD. WEST PALM BEACH, FL 33407 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: () Delete () Change () Addition LAWLER, DAVE Name: Name: 104 SUFFOLK DRIVE Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MILLIGAN, ALPHONSO S ESQ Name: Address: P.O. BOX 3254 Address: City-St-Zip: WEST PALM BEACH, FL 33402 US City-St-Zip: Title: () Delete Title: () Change () Addition BOLTON, EMBREE Name: Name: 2596 CLIPPER CIRCLE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: Title: () Change () Addition ( ) Delete YEARGIN, BILL Name: Name: Address: 7573 RED RIVER RD. Address: City-St-Zip: WEST PALM BEACH, FL 33411 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: ALPHONSO S. MILLIGAN SEC 04/30/2007