

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000976

FILED
Apr 25, 2005
Secretary of State

Entity Name: HANDS UP, INC.

Current Principal Place of Business:

2310 52 STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

2310 52 STREET SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 04-3737878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, REBECCA
2310 52 STREET SOUTH
GULFPORT, FL 33707 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: WILLIAMS, REBECCA
Address: 2310 52 STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: SD () Delete
Name: BRYANT, JULIE
Address: 6617 67 LANE NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD () Delete
Name: FARRELL, KATHLEEN
Address: 316 21 AVE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: D () Delete
Name: HALL, YOLANDA
Address: 1400 15 ST NORTH
City-St-Zip: ST PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KENNEDY, NATALIE
Address: 15420 LIVINGSTON AVE
City-St-Zip: LUTZ, FL 33559

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREGORY, HAL
Address: 1130 9TH AVE N
City-St-Zip: ST PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REBECCA WILLIAMS

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date