

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004971

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: HANDS 2 HELP, INC.

**Current Principal Place of Business:**

925 NW 125TH STREET  
NORTH MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

925 NW 125TH STREET  
NORTH MIAMI, FL 33168

**New Mailing Address:**

FEI Number: 65-1191895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, CAMILLE  
925 NW 125TH STREET  
NORTH MIAMI, FL 33168 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: DP ( ) Delete  
Name: JONES, CAMILLE  
Address: 925 NW 125TH STREET  
City-St-Zip: NORTH MIAMI, FL 33168

Title: DS ( ) Delete  
Name: SANTOS, DIANA  
Address: 2241 SOUTH SHERMAN CIRCLE C-216  
City-St-Zip: MIRAMAR, FL 33025

Title: DT ( ) Delete  
Name: JONES, CAROL  
Address: 750 NW 175TH DRIVE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CAMILLE F. JONES

PRES

02/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date