

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 26, 2006  
Secretary of State

DOCUMENT# N03000008909

Entity Name: HODORI HELPING HANDS, INC.

**Current Principal Place of Business:**

3900 DAIRY ROAD  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

3109 SKYWAY CIRCLE  
SUITE 101  
MELBOURNE, FL 32934 US

**Current Mailing Address:**

PO BOX #121345  
WEST MELBOURNE, FL 32912 US

**New Mailing Address:**

FEI Number: 81-0630982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CRUSAN, DEBORAH S  
191 CARMELITE AVE. N. W.  
PALM BAY, FL 32907 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: P ( ) Delete  
Name: CRUSAN, DEBORAH S  
Address: 191 CARMELITE AVE N.W.  
City-St-Zip: PALM BAY, FL 32907 US

Title: V ( ) Delete  
Name: WILLIAMS, HEATHER  
Address: 1569 LAS PALMOS DRIVE S.W.  
City-St-Zip: PALM BAY, FL 32908 US

Title: T ( ) Delete  
Name: ARIES, BILL  
Address: 312 GOLFVIEW AVE.  
City-St-Zip: CHULUOTA, FL 32766 US

Title: S ( ) Delete  
Name: BRUNNER, LAURA  
Address: 390 BRIGHTWATER DRIVE S.E.  
City-St-Zip: PALM BAY, FL 32909 US

Title: PR ( ) Delete  
Name: SCHULER, LEE  
Address: 221 CASCO COURT S.E.  
City-St-Zip: PALM BAY, FL 32909 US

**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:

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 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: DEBORAH S. CRUSAN

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date