

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008909

FILED
Mar 09, 2007
Secretary of State

Entity Name: HODORI HELPING HANDS, INC.

Current Principal Place of Business:

3109 SKYWAY CIRCLE
SUITE 101
MELBOURNE, FL 32934 US

New Principal Place of Business:

191 CARMELITE AVE. NW
PALM BAY, FL 32907 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 (X) Delete
Name: ARIES, BILL
Address: 312 GOLFVIEW AVE.
City-St-Zip: CHULUOTA, FL 32766 US

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

Title: PR (X) 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

P

03/09/2007

Electronic Signature of Signing Officer or Director

Date