

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90205 050 ****61.25



DOCUMENT # N03000008909
 1. Entity Name
 HODORI HELPING HANDS, INC.

Principal Place of Business
 191 CARMELITE AVE. NW
 PALM BAY, FL 32907 US

Mailing Address
 PO BOX #121345
 WEST MELBOURNE, FL 32912 US



2. Principal Place of Business - No P.O. Box #
 1020 W. Eau Gallie
 Suite, Apt. #, etc.

3. Mailing Address
 Same as above
 Suite, Apt. #, etc.

01282008 Chg-NP CR2E037 (12/06)

City & State
 Melbourne FL

City & State

32935 Country USA Zip Country

4. FEI Number
 81-0630982

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRUSAN, DEBORAH S
 191 CARMELITE AVE. N. W.
 PALM BAY, FL 32907

7. Name and Address of New Registered Agent

Name
 Laura Behring-Brunner

Street Address (P.O. Box Number is Not Acceptable)
 390 Brightwater Dr SE

City
 Palm Bay FL Zip Code 32909

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
 Laura Behring-Brunner, President 2/8/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Delete
TITLE	P	<input checked="" type="checkbox"/>
NAME	CRUSAN, DEBORAH S	
STREET ADDRESS	191 CARMELITE AVE N.W.	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	V	<input checked="" type="checkbox"/>
NAME	WILLIAMS, HEATHER	
STREET ADDRESS	1569 LAS PALMOS DRIVE S.W.	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	P/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Laura Behring-Brunner		
STREET ADDRESS	390 Brightwater Dr SE		
CITY-ST-ZIP	Palm Bay, FL 32909		
TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Gerard Brunner		
STREET ADDRESS	390 Brightwater Dr SE		
CITY-ST-ZIP	Palm Bay, FL 32909		
TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	Nicole Hall		
STREET ADDRESS	1020 W. Eau Gallie Blvd #D		
CITY-ST-ZIP	Melbourne, FL 32935		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura Behring-Brunner 2/8/08 321-952-7130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #