

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009315

FILED
Feb 22, 2009
Secretary of State

Entity Name: HEARTS HELPING HANDS, INC.

Current Principal Place of Business:

8889 PELICAN BAY BLVD SUITE #400
C/O CYPRESS CAPITOL GROUP
NAPLES, FL 34108

New Principal Place of Business:

1325 7TH STREET SOUTH
C/O WILLIAM DEMAS #6C
NAPLES, FL 34102

Current Mailing Address:

8889 PELICAN BAY BLVD SUITE #400
C/O CYPRESS CAPITOL GROUP
NAPLES, FL 34108

New Mailing Address:

1325 7TH STREET SOUTH
C/O WILLIAM DEMAS #6C
NAPLES, FL 34102

FEI Number: 51-0488210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, KEVIN
8889 PELICAN BAY BLVD, SUITE #400
C/O CYPRESS CAPITOL GROUP
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

DEMAS, WILLIAM N
1325 7TH STREET SOUTH
C/O WILLIAM DEMAS #6C
NAPLES, FL 34102 US

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: WILLIAM N. DEMAS

02/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KNOWLES, KEVIN
Address: CYPRESS CAPITOL #400, 8889 PELICAN BAY BLV
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: KNOWLES, CHRISTINA
Address: 8801 BELLWOOD RD.
City-St-Zip: BETHESDA, MD 20817

Title: VP () Delete
Name: HARTWICK, KATE
Address: CYPRESS CAPITOL #400, 8889 PELICAN BAY BLV
City-St-Zip: NAPLES, FL 34108

Title: SEC () Delete
Name: WARE, R. TIMMIS ESQ
Address: 286 EIGHTEENTH AVE. S
City-St-Zip: NAPLES, FL 34102

Title: DIR () Delete
Name: BECKHORN, DUANE
Address: 4651 GULF SHORE BLVD #1106
City-St-Zip: NAPLES, FL 34103

Title: DIR () Delete
Name: MARSHALL, WILLIAM
Address: 155 1ST AVE, SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WILLIAM, DEMAS
Address: 1325 7TH STREET SOUTH #6C
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change () Addition
Name: KNOWLES, KEVIN
Address: 8889 PELICAN BAY BLVD. #400
City-St-Zip: BETHESDA, MD 34108 FL

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

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

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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: WILLIAM DEMAS

PRES

02/22/2009

Electronic Signature of Signing Officer or Director

Date