

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009801

FILED  
Jan 12, 2006  
Secretary of State

**Entity Name:** HANDS ACROSS THE WORLD, INC.

**Current Principal Place of Business:**

26551 AIRPORT RD  
PUNTA GORDA, FL 33982 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 512705  
PUNTA GORDA, FL 33951 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

TORO, ROSLAIE  
26551 AIRPORT RD  
PUNTA GORDA, FL 33982 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: TORO, ROSALIE  
Address: 26551 AIRPORT RD  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: VP ( ) Delete  
Name: DAVID, RIVERA  
Address: 1124 MANDARIN DR  
City-St-Zip: HOLIDAY, FL 34691 US

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

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

Title: TR (X) Change ( ) Addition  
Name: DIAMOND, LADAS  
Address: 1124 MANDARIN DR  
City-St-Zip: HOLIDAY, FL 34691 US

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:** ROSALIE TORO

P

01/12/2006

Electronic Signature of Signing Officer or Director

Date