

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009801

FILED
Aug 27, 2007
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:

21319 BASSETT AVE
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0382482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TORO, ROSLAIE
26551 AIRPORT RD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

TORO, ROSLAIE
21319 BASSETT AVE
PORT CHARLOTTE, FL 33952 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: _____

08/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORO, ROSALIE
Address: 2000 VIA ESPLANADE
City-St-Zip: PUNTA GORDA, FL 33950 US

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

Title: ST () Delete
Name: ALLEN, LINDA
Address: P.O. BOX 495184
City-St-Zip: PORT CHARLOTTE, FL 33949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORO, ROSALIE
Address: 21319 BASSETT AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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 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

08/27/2007

Electronic Signature of Signing Officer or Director

Date