## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009801

FILED Mar 12, 2008 Secretary of State

US

US

Entity Name: HANDS ACROSS THE WORLD, INC.

Current Principal Place of Business: New Principal Place of Business:

21319 BASSETT AVE 3596 TAMIAMI TRAIL UNIT 201 PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

P.O. BOX 512705

PUNTA GORDA, FL 33951 US

FEI Number: 20-0382482 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TORO, ROSLAIE TORO, ROSLAIE

21319 BASSETT AVE 3596 TAMIAMI TRAIL UNIT 201
PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952

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: ROSALIE TORO 03/12/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 TORO, ROSALIE
 Name:
 TORO, ROSALIE

 Address:
 21319 BASSETT AVE
 Address:
 3596 TAMIAMI TRAIL UNIT 201

City-St-Zip: PORT CHARLOTTE, FL 33952 US City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: DIAMOND, LADAS Name: DIAMOND, LADAS

 Address:
 1124 MANDARIN DR
 Address:
 3596 TAMIAMI TRAIL UNIT 201

 City-St-Zip:
 HOLIDAY, FL 34691 US
 City-St-Zip:
 PORT CHARLOTTE, FL 33952 US

 Name:
 ALLEN, LINDA
 Name:
 REVILLA, OSCAR

 Address:
 P.O. BOX 495184
 Address:
 3596 TAMIAMI TRAIL UNIT 201

City-St-Zip: PORT CHARLOTTE, FL 33949 City-St-Zip: PORT CHARLOTTE, FL 33952

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) {\sf Change} \ ({\sf X}) \ {\sf Addition}$ 

Name: Name: POPE, EDWARD

Address: Address: 3596 TAMIAMI TRAIL UNIT 201
City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33952

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 03/12/2008