

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002978

Entity Name: CIRCLE OF HANDS, INC.

FILED  
Mar 23, 2006  
Secretary of State

## Current Principal Place of Business:

1401 GULF AVE #2  
PANAMA CITY, FL 32401

## New Principal Place of Business:

12522 TWO TRAIL RD.  
FOUNTAIN, FL 32438

## Current Mailing Address:

1401 GULF AVE #2  
PANAMA CITY, FL 32401

## New Mailing Address:

12522 TWO TRAIL RD.  
FOUNTAIN, FL 32438

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOOD, BARBARA J  
1401 GULF AVE #2  
PANAMA CITY, FL 32401 US

## Name and Address of New Registered Agent:

HOOD, BARBARA J  
12522 TWO TRAIL RD.  
FOUNTAIN, FL 32438 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:

03/23/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOOD, BARBARA J  
Address: 1401 GULF AVE #2  
City-St-Zip: PANAMA CITY, FL 32401

Title: VD ( ) Delete  
Name: BEAN, MARK S  
Address: 414 E CHURCH AVE  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: STD ( ) Delete  
Name: WILLIAMS, BONNIE  
Address: 414 E CHURCH AVE  
City-St-Zip: WEWAHITCHKA, FL 32465

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOOD, BARBARA J  
Address: 12522 TWO TRAIL RD  
City-St-Zip: FOUNTAIN, FL 32438

Title: VD (X) Change ( ) Addition  
Name: MISEVICZ, JANET  
Address: 1318 BAYVIEW AVE.  
City-St-Zip: PANAMA CITY, FL 32405

Title: STD (X) Change ( ) Addition  
Name: SAULS, ANNA N  
Address: 11919 BARBERRY ST  
City-St-Zip: FOUNTAIN, FL 32438

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: BARBARA J HOOD

PD

03/23/2006

Electronic Signature of Signing Officer or Director

Date