


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 015 ****61.25

DOCUMENT # N04000010675	
1. Entity Name CREATIVE HANDS ENRICHMENT CENTER, INC.	

Principal Place of Business 18116 US HWY. 41 LUTZ, FL 33549	Mailing Address 812 BROOKER VILLAGE CIR. LUTZ, FL 33548
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1403 Pope Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lutz, FL	City & State Lutz, FL
Zip 33549	Country U.S.A

06052007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1969874	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIORDANO, NATHAN 812 BROOKER VILLAGE CIR. LUTZ, FL 33548	7. Name and Address of New Registered Agent Name Catherine Brown Street Address (P.O. Box Number is Not Acceptable) 1403 Pope Place City Lutz FL Zip Code 33549
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Catherine Brown</i>	DATE 6/7/07

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P BROWN, CATHERINE L 1403 POPE PLACE LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP GIORDANO, CHRISTINA A 812 BROOKER VILLAGE CIR. LUTZ, FL 33548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,TS GIORDANO, NATHAN 812 BROOKER VILLAGE CIR. LUTZ, FL 33548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIN, BRETT 608 LIGHTSEY LANE LUTZ, FL 33548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Catherine Brown</i>	DATE 6/7/07