

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 28, 2005  
Secretary of State**

DOCUMENT# N04000011893

Entity Name: AMERICAN HELPING HAND, INC.

**Current Principal Place of Business:**

120 OCEAN CAY WAY  
SUITE 101  
HYPOLUXO, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

120 OCEAN CAY WAY  
SUITE 101  
HYPOLUXO, FL 33462

**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:**

HUMEMAA, KARI  
120 OCEAN CAY WAY  
SUITE 101  
HYPOLUXO, FL 33462 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:                      HUMEMAA, KARI  
Address:                      120 OCEAN CAY WAY  
City-St-Zip:                      HYPOLUXO, FL 33462

Title:                      V                      ( ) Delete  
Name:                      HUMEMAA, OLGA  
Address:                      120 OCEAN CAY WAY  
City-St-Zip:                      HYPOLUXO, FL 33462

Title:                      T                      ( ) Delete  
Name:                      HUMEMAA, HELEN  
Address:                      120 OCEAN CAY WAY  
City-St-Zip:                      HYPOLUXO, FL 33462

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: KARI HURMEMAA

P

02/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date