

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2006
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 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: KARI T HURMEMAA

P

01/04/2006

Electronic Signature of Signing Officer or Director

Date