


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90198 043 ****70.50

DOCUMENT # N05000002042 1. Entity Name HOLDING HANDS, INC.					
Principal Place of Business 5872 SENEAL DR JUPITER, FL 33458			Mailing Address 5872 SENEAL DR JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box # 5872 SENEAL DR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5872 SENEAL DR. <small>Suite, Apt. #, etc.</small>			
City & State Jupiter, FL Zip 33458		City & State Jupiter, FL Zip 33458		Country U.S.	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04132007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent HAWKINS, ALYSON L 5872 SENEAL DR JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Alyson Hawkins - president</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>4/9/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, ALYSON 5872 SENEAL DR JUPITER, FL 33458 <i>(president)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIM DUA (Treasurer) 5691 Satinwood Ct. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, LISA 414 MEADOWLARK DR JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jenny Davies 273 Crane Pt. N. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASHWEINER, KRISTINE 5964 SET N SUN PLACE JUPITER, FL 33458 <i>(secretary)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronnie Schauer 103 Santander Dr. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEED, DONNA 271 CRANE POINT NORTH JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FASULO, MARI 545 ROOKERY PLACE JUPITER, FL 33458 <i>(vice president)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susie Long 271 Crane Pt. N. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOERTMEYER, DONNIS 18241 RIVER OAKS TERR JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u><i>Alyson Hawkins - president</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/9/07</u> (561) 743-1702 <small>Daytime Phone #</small>	