

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003724

FILED  
Jun 08, 2006  
Secretary of State

Entity Name: GLOBAL HANDS FOUNDATION, INC.

**Current Principal Place of Business:**

12565 ORANGE DR SUITE 408  
DAVIE, FL 33330

**New Principal Place of Business:**

19461 NW 7TH ST  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

12565 ORANGE DR SUITE 408  
DAVIE, FL 33330

**New Mailing Address:**

19461 NW 7TH ST  
PEMBROKE PINES, FL 33029

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JONES, WADE T  
1831 NW 186TH STREET  
MIAMI GARDENS, FL 33056    US

**Name and Address of New Registered Agent:**

NTEKIM, ITA E  
19461 NW 7TH ST  
PEMBROKE PINES, FL 33029    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: ITA NTEKIM

06/08/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title:                                      PRES                      ( ) Change (X) Addition  
Name:                                      NTEKIM, KATHERINE O PRES  
Address:                                      19461 NW 7TH ST  
City-St-Zip:                                      PEMBROKE PINES, FL 33029

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: ITA NTEKIM

VP

06/08/2006

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

\_\_\_\_\_  
Date