2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N05000006542

Entity Name: LENDING A HAND MIRACLE FOUNDATION, INC

Current Principal Place of Business:

23 ALAFAYA WOOD BLVD
STE 219
OVIEDO, FL 32765

New Principal Place of Business:

23 ALAFAYA WOODS BLVD
STE 219
OVIEDO, FL 32765

Current Mailing Address:

23 ALAFAYA WOOD BLVD
STE 219
OVIEDO, FL 32765

New Mailing Address:

23 ALAFAYA WOODS BLVD
STE 219
OVIEDO, FL 32765

FEI Number: 20-3046790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNELL, ELAINE
23 ALAFAYA WOOD BLVD
STE 219
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

CORNELL, ELAINE
23 ALAFAYA WOODS BLVD
STE 219
OVIEDO, FL 32765 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: ELAINE CORNELL 04/28/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CORNELL, ELAINE
Address: 7257 WINDING LAKE CIR
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete
Name: CORNELL, JOHNLUIGI
Address: 7257 WINDING LAKE CIR
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete
Name: WILSON, JEFFREY
Address: 207 N. MOSS RD, STE 201
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S ( ) Delete
Name: HALL, JOSEPHINE A
Address: P.O. BOX 547524
City-St-Zip: ORLANDO, FL 32854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CORNELL, JOHNLUIGI
Address: 7257 WINDING LAKE CIR
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change ( ) Addition
Name: CORNELL, ELAINE
Address: 7257 WINDING LAKE CIR
City-St-Zip: OVIEDO, FL 32765

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 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: JOHNLUIGI CORNELL P 04/28/2008
Electronic Signature of Signing Officer or Director Date