

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


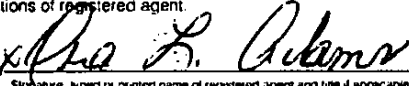

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90107 017 \*\*\*\*70.00

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1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N05000007451</b>			
1. Entity Name <b>LOVE HELPING HANDS FELLOWSHIP MINISTRIES, INC.</b>			
Principal Place of Business <b>6128 ANNO AVE. ORLANDO FL 32809</b>		Mailing Address <b>6128 ANNO AVE. ORLANDO FL 32809</b>	
2. Principal Place of Business <b>6128 Anno Ave</b>		3. Mailing Address <b>P.O. Box 690656</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>	
Zip <b>32809</b>	Country	Zip <b>32869</b>	Country <b>USA</b>
4. FEI Number <b>54-2114545</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CHANEY, ANDRIA 6128 ANNO AVE. ORLANDO FL 32809</b>		7. Name and Address of New Registered Agent Name <b>ORA L. Adams</b> Street Address (P.O. Box Number is Not Acceptable) <b>6418 Cherry Grove Cr</b> <b>Orlando FL</b> City <b>FL</b> Zip Code <b>32809</b>	
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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CLUE, FLORINE 6128 ANNO AVE. ORLANDO FL 32809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT ADAMS, ORA 6128 ANNO AVE. ORLANDO FL 32809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD CHANEY, ANDRIA 6128 ANNO AVE. ORLANDO FL 32809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CLUE, SAMUEL 5115 POLARIS ST. ORLANDO FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TURNER, BASIL L 4011 ROBBINS AVE. ORLANDO FL 32808</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-29-06 407 721 5173 Date Daytime Phone #	