

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N05000009891

1. Entity Name
THE TINY HANDS FOUNDATION, INC.



Principal Place of Business
**1531 S. TAMiami TRAIL #703
VENICE, FL 34285**

Mailing Address
**1531 S. TAMiami TRAIL #703
VENICE, FL 34285**



02272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3530145

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KHLEIF, ROD
1531 SOUTH TAMiami TRAIL
SUITE 703
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KHLEIF, ROD
STREET ADDRESS	1531 SOUTH TAMiami TRAIL SUITE 703
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	KHLEIF, AL
STREET ADDRESS	1531 SOUTH TAMiami TRAIL SUITE 703
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	JACOBS, ED
STREET ADDRESS	1531 SOUTH TAMiami TRAIL SUITE 703
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80121-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rod Khleif

4/12/07

Date

941-492-5222

Daytime Phone #