2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State
05-15-2006 90040 048 ****70.00

DOCUMENT # N05000012372

1. Entity Name
HAND N HAND AUTISM RESOURCES, INC

Principal Place of Business
2645 SILVER HILLS DRIVE
7
ORLANDO, FL 32818

Mailing Address
P.O. BOX 682397
ORLANDO, FL 32868

05092006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business
2529 Kingsland Ave
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32808 Country: Orange

3. Mailing Address
P.O. Box 682397
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32868 Country: Orange

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSES, SUSANNA
2645 SILVER HILLS DRIVE
#7
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name: Susanna Moses
Street Address (P.O. Box Number is Not Acceptable): 2645 Silver Hills Drive
City: Orlando FL Zip Code: 32818

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: Susanna Moses 5-10-06
Signature required or printed / typed signature of officer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	C MOSES, SUSANNA 2645 SILVER HILLS DRIVE #7 ORLANDO, FL 32818 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition remove apartment #7
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC/T GODSEY, CARMEN 7304 ENFIELD COURT ORLANDO, FL 32818 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RODRIGUEZ, LAURA 1947 SOUTHERN OAK LOOP MINEOLA, FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Susanna Moses 5-10-06 407-432-3123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #