


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90055 007 ****70.00

DOCUMENT # N05000012372	
1. Entity Name HAND IN HAND AUTISM RESOURCES INCORPORATED	

Principal Place of Business 2529 KINGSLAND AVE ORLANDO, FL 32808	Mailing Address PO BOX 682397 ORLANDO, FL 32868
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2. Principal Place of Business - No P.O. Box # 1936 Knollcrest Dr.	3. Mailing Address PO BOX 121502
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clermont, Florida	City & State Clermont, Florida
Zip 34711	Zip 34712
Country Lake	Country Lake



03092007 Chg-NP CR2E037 (12/06)

4. FEI Number APPLIED FOR 743155181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOSES, SUSANNA 2645 SILVER HILLS DRIVE ORLANDO, FL 32818	7. Name and Address of New Registered Agent Name Elizabeth Sanchez Street Address (P.O. Box Number is Not Acceptable) 1936 Knollcrest Dr. City Clermont FL Zip Code 34711
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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, CEO** *[Signature]* **3-17-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 DR ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/T Elizabeth Sanchez 1936 Knollcrest Dr. Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/T GODSEY, CARMEN 7304 PENFIELD COURT ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Susanna Moses 1936 Knollcrest Dr. Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, LAURA 1947 SOUTHERN OAK LOOP MINEOLA, FL 34711 <input checked="" 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
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
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 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]* **Susanna Moses** **3-17-07** **407-482-3123**
Signature and typed or printed name of signing officer or director Date Daytime Phone #