


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90178 030 ****61.25

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

Principal Place of Business 1936 KNOLLCREST DR CLERMONT, FL 34711	Mailing Address PO BOX 121502 CLERMONT, FL 34712
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2. Principal Place of Business - No P.O. Box # 1072 Chelsea Park Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Minneola	City & State
Zip 34715	Country USA

4



03272008	Chg-NP	CR2E037 (12/06)
4. FEI Number 74-3155181	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	
SANCHEZ, ELIZABETH 1936 KNOLLCREST DR CLERMONT, FL 34711	

7. Name and Address of New Registered Agent	
Name <u>Susanna Moses</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1072 Chelsea Park Drive</u>	
City <u>Minneola</u>	FL <u>34715</u>

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, President DATE 4-28-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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	
TITLE C	<input checked="" type="checkbox"/> Delete
NAME MOSES, SUSANNA	
STREET ADDRESS 2645 SILVER HILLS DR	
CITY-ST-ZIP ORLANDO, FL 32818	
TITLE VC/T	<input type="checkbox"/> Delete
NAME SANCHEZ, ELIZABETH	
STREET ADDRESS 1936 KNOLLCREST DR	
CITY-ST-ZIP CLERMONT, FL 34711	
TITLE C	<input type="checkbox"/> Delete
NAME MOSES, SUSANNA	
STREET ADDRESS 1936 KNOLLCREST DR	
CITY-ST-ZIP CLERMONT, FL 34711	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Santana Villalobos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 1072 Chelsea Park Drive	
STREET ADDRESS Minneola, FL 34715	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] **DATE:** 4-28-08 **Daytime Phone #:** 407-556-7012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR