

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003397

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE HEALING HANDS OF HOPE, INC.

Current Principal Place of Business:

6929 SUNSET STRIP
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6929 SUNSET STRIP
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 20-4671725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTBURGER, DERWIN
6929 SUNSET STRIP
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WESTERBURGER, DERWIN
Address: 6929 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

Title: DVP () Delete
Name: WESTERBURGER, ZABDY
Address: 318 INDIAN TRACE SUITE 636
City-St-Zip: WESTON, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERWIN WESTERBURGER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date