

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007418

FILED
May 17, 2007
Secretary of State

Entity Name: HANDS OF LOVE INC.

Current Principal Place of Business:

6239 BEAUMONT AVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

6239 BEAUMONT AVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 14-1970114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOORE, NIGEL
6239 BEAUMONT AVE
ORLANDO, FL 32808 US

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: DP () Delete
Name: MOORE, NIGEL
Address: 6239 BEAUMONT AVE
City-St-Zip: ORLANDO, FL 32808

Title: CEO () Delete
Name: MOORE, NIGEL
Address: 6239 BEAUMONT AVE
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: ROGERS, STEPHEN
Address: 2820 JACANA CT
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: MOORE, ANICKA
Address: 6239 BEAUMONT AVE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: HART, MAZEL
Address: 13448 SW 154 ST
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: CAMPBELL, ROY
Address: 1760 GLENHAVEN CIR
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: NIGEL MOORE

CEO

05/17/2007

Electronic Signature of Signing Officer or Director

Date