2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N06000009022

Entity Name: CARING HEARTS HELPING HANDS, INC.

Current Principal Place of Business:

8195 NW 21ST STREET
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

8195 NW 21ST STREET
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 20-5455562 **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:

ROBINSON, DECIA
8195 NW 21ST STREET
SUNRISE, FL 33322 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:	ROBINSON, DECIA	
Address:	8195 NW 21ST STREET	
City-St-Zip:	SUNRISE, FL 33322	
Title:	VD	( ) Delete
Name:	SINGH, GENIEVE	
Address:	4200 NW 3RD CT #115	
City-St-Zip:	PLANTATION, FL 33317	
Title:	SD	( ) Delete
Name:	JONES, TRISHA	
Address:	9331 NW 35TH PLACE	
City-St-Zip:	SUNRISE, FL 33351	
Title:	D	( ) Delete
Name:	ROPER, ALANA	
Address:	2577 NW 92ND AVE	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	T	( ) Delete
Name:	ELLIS, EFFRON	
Address:	8100 SW 24TH STREET APT 212	
City-St-Zip:	LAUDERHILL, FL 33068	
Title:	D	( ) Delete
Name:	BISASOR, LANA	
Address:	1400 NW 43RD TERR APT 210	
City-St-Zip:	LAUDERHILL, FL 33313	

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: DECIA ROBINSON PD 05/02/2007

Electronic Signature of Signing Officer or Director — Date