## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009022

Entity Name: CARING HEARTS HELPING HANDS, INC.

FILED Aug 07, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
8195 NW 21ST STREET SUNRISE, FL 33322		8195 NW 21ST STREET SUNRISE, FL 33322	
Current Mailing Address:		New Mailing Address:	
8195 NW 2 SUNRISE,	21ST STREET FL 33322		
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receive	-	e.
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
ROBINSOI 8195 NW 2 SUNRISE,	21ST STREET		
	named entity submits this statement for the purpose e of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete ROBINSON, DECIA 8195 NW 21ST STREET SUNRISE, FL 33322	Title: Name: Address: City-St-Zip:	CEO (X) Change ( ) Addition ROBINSON, DECIA 8195 NW 21ST STREET SUNRISE, FL 33322
Title: Name: Address: City-St-Zip:	VD ( ) Delete SINGH, GENIEVE 4200 NW 3RD CT #115 PLANTATION, FL 33317	Title: Name: Address: City-St-Zip:	PRES (X) Change ( ) Addition BENT, CAREL 9128 NW 44TH COURT SUNRISE, FL 33351
Title: Name: Address: City-St-Zip:	SD ( ) Delete JONES, TRISHA 9331 NW 35TH PLACE SUNRISE, FL 33351	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition POWELL, DEVON 7342 NW 42 PLACE LAUDERHILL, FL 33322
Title: Name: Address: City-St-Zip:	D ( ) Delete ROPER, ALANA 2577 NW 92ND AVE CORAL SPRINGS, FL 33065	Title: Name: Address: City-St-Zip:	SEC (X) Change ( ) Addition MILLS, STEVANIE 9128 NW 44TH COURT SUNRISE, FL 33351
Title: Name: Address: City-St-Zip:	T (X) Delete ELLIS, EFFRON 8100 SW 24TH STREET APT 212 LAUDERHILL, FL 33068	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D (X) Delete BISASOR, LANA 1400 NW 43RD TERR APT 210 LAUDERHILL, FL 33313	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

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 CEO 08/07/2009