

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010679

FILED
Jan 28, 2008
Secretary of State

Entity Name: HELPING HANDS SENIORS SERVICES, INC.

Current Principal Place of Business:

38054 LAWANDA LOOP
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

5028 19TH STREET
ZEPHYRHILLS, FL 33542

Current Mailing Address:

38054 LAWANDA LOOP
ZEPHYRHILLS, FL 33542

New Mailing Address:

5028 19TH STREET
ZEPHYRHILLS, FL 33542

FEI Number: 51-0613341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DP () Delete
Name: HILLMAN, JEANINE
Address: 38054 LAWANDA LOOP
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DVT () Delete
Name: HILMAN, LARRY
Address: 38054 LAWANDA LOOP
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DS () Delete
Name: SCOTT, GABRIELE
Address: 9063 ELLIOTT CIRCLE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HILLMAN, JEANINE
Address: 5028 19TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DVT (X) Change () Addition
Name: HILMAN, LARRY
Address: 5028 19TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

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: JEANINE HILLMAN

DP

01/28/2008

Electronic Signature of Signing Officer or Director

Date