2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N07000005008

Entity Name: HAND OF ANGELS INC.

Current Principal Place of Business:

1224 SW SCOTT DR
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1224 SW SCOTT DR
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 71-1031927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST, TERRY
1224 SW SCOTT DR
ARCADIA, FL 34266 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: C ( ) Delete
Name: WEST, TERRY
Address: 1224 SW SCOTT DR
City-St-Zip: ARCADIA, FL 34266

Title: C ( ) Delete
Name: RICKETTS, STACEY
Address: 1110 SW SCOTT DR
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete
Name: BECKWORTH, M. YOLANDA
Address: PO BOX 749
City-St-Zip: ESTO, FL 33928

Title: D ( ) Delete
Name: RICKETTS, RON
Address: 1110 SW SCOTT DR
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete
Name: WEST, FRANK G
Address: 1224 SW SCOTT DR
City-St-Zip: ARCADIA, FL 34266

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:

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: TERRY WEST CFO 01/04/2008

Electronic Signature of Signing Officer or Director — Date