2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007144

Entity Name: GIVING HANDS, INC

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1440 CORAL RIDGE DR., STE. 397 CORAL SPRINGS, FL 33071 **Current Mailing Address: New Mailing Address:** 1440 CORAL RIDGE DR., STE. 397 CORAL SPRINGS, FL 33071 FEI Number: 56-2672543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FILINGS, INC 3732 NW 16 ST. FT. LAUDERDALE, FL 33311 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DYNETIUS, THOMAS F Name: Name: 1440 CORAL RIDGE DR., STE. 397 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: () Change () Addition RAMJATTAN, RACHEL Name: Name: Address: 1440 CORAL RIDGE DR., STE, 397 Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: () Change () Addition RAMJATTAN, ROMELL Name: Name: 1440 CORAL RIDGE DR., STE. 397 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SALAZAR, CELINA Name: 1440 CORAL RIDGE DR., STE. 397 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: () Change () Addition SALAZAR, LAZARO Name: Name: 1440 CORAL RIDGE DR., STE. 397 Address: Address: CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition OLESIEWIEZ, STANLEY Name: Name: Address: 1440 CORAL RIDGE DR., STE. 397 Address: CORAL SPRINGS, FL 33071 City-St-Zip: 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: RACHEL RAMJATTAN PRES 04/13/2009