2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2010
Secretary of State

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Entity Name: COMPASSIONATE HELPING HANDS, INC.

Current Principal Place of Business:

4010 TIMBER TRIAL
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4010 TIMBER TRIAL
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 26-1565085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTEL, MARIE E
4010 TIMBER TRIAL
ORLANDO, FL 32808 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: DC
Name: MORTEL, MARIE E
Address: 4010 TIMBER TRIAL
City-St-Zip: ORLANDO, FL 32808

Title: DV
Name: NEEDLES, JOY
Address: 345 SANDPIPPER RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: DT
Name: MORTEL, IVANS M
Address: 4010 TIMBER TRIAL
City-St-Zip: ORLANDO, FL 32808

Title: DS
Name: BLAISE, ROBERTA
Address: 2592 TALL MAPLE LOOP
City-St-Zip: OCOE, FL 34761

Title: D
Name: JOHNSON, ANITA
Address: 1479 DISSTON AVENUE
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: MARIE EDNA MORTEL DC 03/26/2010

Electronic Signature of Signing Officer or Director Date