2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006090

FILED Mar 19, 2009 Secretary of State

Entity Name: FRIENDS OF TEACHER'S HANDS INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 3057-2 CURRY FORD RD ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 1014 B OHIO AVE 476 WEST VERMONT AVE. PALM HARBOR, FL 34683 US ESCONDIDO, CA 92025 US FEI Number: 26-2913232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CORMIER, KATHLEEN A HILL, PETER N 1014 B OHIO AVE. 1851 WEST COLONIAL DRIVE PALM HARBOR, FL 34683 US ORLANDO, FL 32804 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: PETER HILL 03/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RICHENBACHER, KEITH Name: Name: 476 WEST VERMONT AVE. Address: Address: City-St-Zip: ESCONDIDO, CA 92025 US City-St-Zip: Title: () Delete Title: (X) Change () Addition RETHWISCH, CAROLYN Name: Name: ATTARD, SHARON Address: 4036 ANDOVER CAY BLVD. Address: 476 WEST VERMONT AVE. City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: ESCONDIDO, CA 92025 US () Delete Title: Title: () Change () Addition PAGE, JOHN Name: Name: 476 WEST VERMONT AVE. Address: Address: City-St-Zip: ESCONDIDO, CA 92025 US City-St-Zip: Title: (X) Delete Title: () Change () Addition CORMIER, KATHLEEN A Name: Name: Address: 1014 B OHIO AVE. Address: City-St-Zip: PALM HARBOR, FL 34683 US 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: KEITH RICHENBACHER PD 03/19/2009