2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N08000009830

Entity Name: OUR HANDS EXTENDED, INC.

Current Principal Place of Business:

18393 NW 8TH ST
PEMBROKE PINES, FL 330293688

New Principal Place of Business:

Current Mailing Address:

18393 NW 8TH ST
PEMBROKE PINES, FL 330293688

New Mailing Address:

FEI Number: 80-0260234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, TIFFANNIA
18393 NW 8TH ST
PEMBROKE PINES, FL 330293688 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: D ( ) Delete
Name: GRANT, TIFFANNIA
Address: 18393 NW 8TH ST
City-St-Zip: PEMBROKE PINES, FL 330293688

Title: D ( ) Delete
Name: OLIVER, LEV
Address: 5253 NW 54TH AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete
Name: HENRY, EARL
Address: 1267 RAMBLEWOOD DR APT 1434
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRANT, TIFFANNIA
Address: 18393 NW 8TH ST
City-St-Zip: PEMBROKE PINES, FL 330293688

Title: S (X) Change ( ) Addition
Name: OLIVER, LEV
Address: 5253 NW 54TH AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: T (X) Change ( ) Addition
Name: HENRY, EARL
Address: 1267 RAMBLEWOOD DR APT 1434
City-St-Zip: CORAL SPRINGS, FL 33071

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: TIFFANNIA GRANT PRES 01/12/2009

Electronic Signature of Signing Officer or Director — Date