2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# N08000010173

Entity Name: HAILEY'S HELPING HANDS, INC.

Current Principal Place of Business:

350 EAST LAS OLAS BLVD.
SUITE 960
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

350 EAST LAS OLAS BLVD.
SUITE 960
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 26-3658558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMILLE A. COOLIDGE, P.A.
401 EAST LAS OLAS BLVD.
SUITE 1400
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ADAM OULLETTE P.A,
350 E. LAS OLAS BLVD.
SUITE 960
FORT LAUDERDALE, FL 33301 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: ADAM OULLETTE 06/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PLUNKETT, BRIAN O
Address: 350 EAST LAS OLAS BLVD. 960
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP ( ) Delete
Name: PLUNKETT, GERILYN
Address: 350 EAST LAS OLAS BLVD. 960
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S/T ( ) Delete
Name: COOLIDGE, CAMILLE A
Address: 401 EAST LAS OLAS BLVD. 1400
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change ( ) Addition
Name: OULLETTE, ADAM
Address: 350 EAST LAS OLAS BLVD., STE. 960
City-St-Zip: FORT LAUDERDALE, FL 33301

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: BRIAN PLUNKETT P 06/24/2009
Electronic Signature of Signing Officer or Director Date