2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2010
Secretary of State

DOCUMENT# N09000003474

Entity Name: GIVE A HEAD A HAND, INC.

Current Principal Place of Business:

11403 SW 133RD PLACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11403 SW 133RD PLACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 38-3800442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOMINA, CHARLES S
11403 SW 133RD PLACE
MIAMI, FL 33186 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
Name: RAGHAB, JOHN MD
Address: 3215 SW 62ND AVE SUITE 3109
City-St-Zip: MIAMI, FL 33155

Title: D
Name: RAGHAB, CATHY RN
Address: 3215 SW 62ND AVE SUITE 3109
City-St-Zip: MIAMI, FL 33155

Title: D
Name: MCNEIL, ANN RN
Address: 3215 SW 62ND AVE SUITE 3109
City-St-Zip: MIAMI, FL 33155

Title: D
Name: DOMINA, CAROLYN W RN
Address: 11403 SW 133RD PLACE
City-St-Zip: MIAMI, FL 33186

Title: D
Name: SOCORRA, MARCIA MSW
Address: 2121 N BAYSHORE DR APT 415
City-St-Zip: MIAMI, FL 33137

Title: D
Name: DOMINA, CHARLES S
Address: 11403 SW 133RD PL
City-St-Zip: MIAMI, FL 33186

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: CHARLES S DOMINA D 03/25/2010

Electronic Signature of Signing Officer or Director — Date