2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2011
Secretary of State

DOCUMENT# N10000011901

Entity Name: GIFTED HANDS TRAINING AND SUPPORT, INC.

Current Principal Place of Business:

3600 SOUTH STATE RD 7, SUITE 221
MIRAMAR, FL 33023

New Principal Place of Business:

3600 SOUTH STATE RD 7
334
MIRAMAR, FL 33023

Current Mailing Address:

3600 SOUTH STATE RD 7, SUITE 221
MIRAMAR, FL 33023

New Mailing Address:

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

Name and Address of Current Registered Agent:

EJEHIOKHIN SARAH ABHULIMEN
3600 SOUTH STATE RD 7, SUITE 221
MIRAMAR, FL 33023 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: PD
Name: EJEHIOKHIN SARAH ABHULIMEN
Address: 3600 SOUTH STATE RD 7, SUITE 221
City-St-Zip: MIRAMAR, FL 33023

Title: VPD
Name: ODAI, MARY
Address: 3021 NW 35TH AVE APT #C 201
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: SD
Name: ADIGUN, AYODELE
Address: 4711 SW 152ND TERR
City-St-Zip: MIRAMAR, FL 33027

Title: TD
Name: MEVS, LAURENT E
Address: 5300 WASHINGTON ST APT #A140
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: DORVAL, LOUIS M
Address: 120 NW 124TH ST
City-St-Zip: MIAMI, FL 33168

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: SARAH ABHULIMEN P 03/09/2011
Electronic Signature of Signing Officer or Director — Date