2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N11000008312

Entity Name: GIVING HAND TO HAITI KIDS INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1321 N HART BOULEVARD ORLANDO, FL 32818	

Current Mailing Address:	**New Mailing Address:**
1321 N HART BOULEVARD ORLANDO, FL 32818	

FEI Number: 45-3501702   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD. SUITE A TAMPA, FL 33612 US	NADIA, SOULOUQUE 2870 GRASSMOOR LOOP APOPKA, FL 32712 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: NADIA SOULOUQUE   09/12/2012

_____Electronic Signature of Registered Agent_____   _____Date_____

OFFICERS AND DIRECTORS:

Title: PD
Name: BENITA, JEAN BAPTISTE
Address: 1321 N HART BOULEVARD
City-St-Zip: ORLANDO, FL 32818

Title: SD
Name: GREGORY, DAVID
Address: 1321 N HART BOULEVARD
City-St-Zip: ORLANDO, FL 32818

Title: TD
Name: LOURSE, SAINT CYR
Address: 1405 CENTURY OAK DR.
City-St-Zip: OCOEE, FL 34761

Title: D
Name: MOISE, BERNADINE
Address: 251 SW 34 AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D
Name: JEAN-BAPTISTE, DENISE
Address: 5601 OAKFIELD
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: FRANCIA, CAPI
Address: 5407 CEDAR LANE
City-St-Zip: ORLANDO, FL 32811

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: GREGORY DAVID   SD   09/12/2012

_____Electronic Signature of Signing Officer or Director_____   _____Date_____