

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009092

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** TWO HANDS ONE HEART, INC.

**Current Principal Place of Business:**

3490 STONEWAY DR  
LAKELAND, FL 33812

**New Principal Place of Business:**

**Current Mailing Address:**

3490 STONEWAY DR  
LAKELAND, FL 33812

**New Mailing Address:**

**FEI Number:** 45-3680652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PAULINO, GLENNY  
3490 STONEWAY DR  
LAKELAND, FL 33812 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: P  
Name: PAULINO, GLENNY  
Address: 3490 STONEWAY DR  
City-St-Zip: LAKELAND, FL 33812

Title: VP  
Name: CABRAL, ARNALDO  
Address: 3490 STONEWAY DR  
City-St-Zip: LAKELAND, FL 33812

Title: TRE  
Name: ARMAIZ, ARIEL  
Address: 6247 HAMPTON POINTE CIRCLE  
City-St-Zip: LAKELAND, FL 33813

Title: SEC  
Name: OCASIO, DIANA  
Address: 6247 HAMPTON POINTE CIRCLE  
City-St-Zip: LAKELAND, FL 33813

Title: OFC  
Name: RAMIREZ, WILLIAM  
Address: 2202 BLACKWOOD DR  
City-St-Zip: MULBERRY, FL 33860

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:** ARNALDO CABRAL

VP

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date