2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N18866

Entity Name: HELPING HANDS TO ANIMALS, INC.

Current Principal Place of Business:

3914 NW 5TH DRIVE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

3914 NW 5TH DRIVE
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 59-2792740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, CINDY J
8346 HUNTSMAN PLACE
BOCA RATON, FL 33433 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	( ) Delete
Name:	MEREDITH, DONALD VMD	
Address:	2455 S.W. CRANBROOK DRIVE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	VPD	( ) Delete
Name:	CONTINO, NICOLE	
Address:	3914 N.W. 5TH DRIVE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	SD	( ) Delete
Name:	LEIXNER, LINDA	
Address:	1045 S.W. 13TH STREET	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	TD	( ) Delete
Name:	WEBER, CINDY J	
Address:	8346 HUNTSMAN PLACE	
City-St-Zip:	BOCA RATON, FL 33433	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CINDY WEBER TD 01/04/2005

Electronic Signature of Signing Officer or Director — Date