2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# N34792

Entity Name: CIRCLE OF HANDS LIVING CENTER, INC.

Current Principal Place of Business:

704 E. 120TH AVE.
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

704 E. 120TH AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3001820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCULLOCH, SUSAN
704 E. 120TH AVE.
TAMPA, FL 33612 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:	MCCULLOCH, SUSAN	
Address:	701 E. 120TH AVE.	
City-St-Zip:	TAMPA, FL 33612	
Title:	TD	( ) Delete
Name:	STUCK, BARBARA	
Address:	12035 CITRUS FALLS CIRCLE APT#202	
City-St-Zip:	TAMPA, FL 33624	
Title:	VPD	( ) Delete
Name:	LANE, JOYCE	
Address:	4110 MARQUERITE ST	
City-St-Zip:	TAMPA, FL 33603	
Title:	SD	( ) Delete
Name:	WERNER, KATHERINE	
Address:	4704 BAY VIEW AVE.	
City-St-Zip:	TAMPA, FL	
Title:	SD	( ) Delete
Name:	CHINNIS, JEANNE	
Address:	6620 QUONOST ROAD	
City-St-Zip:	BRADENTON, FL 34203	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	STUCK, BARBARA	
Address:	12035 CITRUS FALLS CIRCLE	
City-St-Zip:	TAMPA, FL 33624	
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 Chapter 119, 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: SUSAN LYNN MCCULLOCH PRES 05/19/2006

Electronic Signature of Signing Officer or Director — Date