

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002199

FILED
Feb 12, 2008
Secretary of State

Entity Name: HANDS TO THE WORLD, INC.

Current Principal Place of Business:

2874 E. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

3956 TOWN CENTER BLVD., STE 278
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3201852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JANIS
4241 KISSIMMEE PARK RD
ST CLOUD, FL 34771 US

Name and Address of New Registered Agent:

SMITH, JANIS
4241 KISSIMMEE PARK RD
ST CLOUD, FL 34772 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: JANIS K. SMITH

02/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JANIS
Address: 4241 KISSIMMEE PARK RD
City-St-Zip: ST CLOUD, FL 34771

Title: ST () Delete
Name: FLIPPO, MICHAEL R.
Address: 2900 PINERIDGE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: WILKER, JOHN
Address: 2616 FLORENCE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: LINK, MICHAEL
Address: 264 OAKHURST CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: VERAB, JEFFERY
Address: 314 GRAND MAGNOLIA AVE.
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, JANIS
Address: 4241 KISSIMMEE PARK RD
City-St-Zip: ST CLOUD, FL 34772

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 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: MICHAEL R. FLIPPO

ST

02/12/2008

Electronic Signature of Signing Officer or Director

Date