2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 17, 2006 08:00 AM Secretary of State

DOCUMENT # N93000004876 1. Entity Name HANDS ON MIAMI, INC.		76 :		Secretary of State
-	e of Business IWEST THIRD AVE. 3129 US	Mamng Address 3250 SOUTHWEST THIRD AVE. MIAMI, FL 33129 US	-	
E	OO NOT WRITE	_ · · · · · · · · · · · · · · · · · · ·	CE	04062006 No Chg-NP CR2E037 (11/05) 4. FEI Number Applied For S5-0449338 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required
MORRIS, PATRICK G 3250 SW 3RD AVE MIAMI, FL 33129		: 	SW constant	DO NOT WRITE IN THIS SPACE
8. The above named entity exporting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tills a soppicable. (NOTE: Registered Agent signature required when reinstains). DATE				
	Filling Fee is \$61.25 Due by May 1, 2006	Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees
10. IITLE NAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DI CEO MORRIS, PATRICK G 3250 SW 3RD AVE MIAMI, FL 33129 DS WHELAN, MICHAEL 80 SW 8TH STREET, SUITE 1830 MIAMI, FL 33130	RECTORS		U00000515894 04/29/06-80228-014 61.25
TITLE MAME STREET ADDRESS CITY-ST-ZIP	CHA CHANG, LELILA 3250 SW 3RD AVE MIAMI, FL 33129			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CORREA, DAVID 3250 SOUTHWEST THIRD AVE. MIAMI, FL 33129			IN THIS SPACE
TITLE NAME STREET ACCIRESS CITY-ST-ZIP				
TITLE HAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 in Block 10 or Block 11 if				