## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N94000001942**

1. Entity Name

HEAR MY HANDS INCORPORATED



Principal Place of Business

Mailing Address

5076 ERNST COURT ORLANDO, FL 32819 5076 ERNST COURT ORLANDO, FL 32819 FILED Jul 22, 2008 08:00 AM Secretary of State



05052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0491604 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIGON, SUZIE 5076 ERNST COURT ORLANDO, FL 32819

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	named entity submits this statement for the lons of registered agent.	purpose of changing its registered	office or I	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
D	Filling Fee is \$61.25 ue by September 12, 2008	Election Campaign Financia     Trust Fund Contribution.	'9 🗅	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIGON, SUZIE 5076 ERNST CT. ORLANDO, FL. 32819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNORR, CHRIS 828 HANGING MOSS ROAD. ORLANDO, FL 32807		000000955955 07/22/08-80011-014 70.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITRENTA, KATHERINE 4325 PALO VERDE DR. BOYNTON BEACH, FL 33436				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICILIANO, TERI 145 SPRING LAKE HILL DR ALTAMONTE SPRINGS, FL 32714				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGON, FRANCES A 6157 WINDING LAKE DR JUPITER, FL 33458				<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACHE, HOLLAND 6473 NORTHRIDGE WAY MORROW, GA. 30260				• • • • • • • • • • • • • • • • • • •

12. Thereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PITED ON PRINTED NAME OF SIGNING CIVICER OR SIMECTOR

June 16 DA

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