


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000004184</b>		
1. Entity Name <b>ALL HELPING HANDS INC.</b>		
Principal Place of Business <b>284 N.W. FALLING CREEK ROAD LAKE CITY, FL 32055</b>	Mailing Address <b>P.O. BOX 1987 LAKE CITY, FL 32056</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HAFNER, JOHN R 284 N.W. FALLING CREEK ROAD LAKE CITY, FL 32055</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restarting)</small> DATE _____		
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFNER, JOHN R 284 N.W. FALLING CREEK ROAD LAKE CITY, FL 32055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFNER, JOHN R II 284 N.W. FALLING CREEK ROAD LAKE CITY, FL 32055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, WENDY 284 N.W. FALLING CREEK ROAD LAKE CITY, FL 32055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>John R. Hafner</u> <u>John R. Hafner</u>		Date <u>2/15/05</u> Daytime Phone # <u>516-755-6481</u>



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>31-1565112</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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02/17/05-80023-010 61.25

**DO NOT WRITE  
IN THIS SPACE**