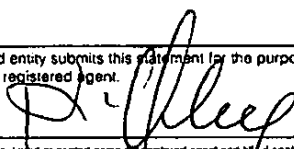
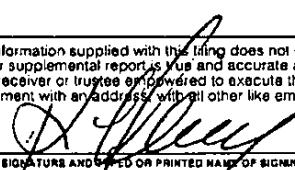


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002613			
1. Entity Name HELPING HANDS FOR THE SORROWFUL, INC.			
Principal Place of Business 4581 CHALLENGER WAY #56 WEST PALM BEACH, FL 33417-8056		Mailing Address 4581 CHALLENGER WAY #56 WEST PALM BEACH, FL 33417-8056	
2. Principal Place of Business 4581 Challenger Way		3. Mailing Address 4581 Challenger Way	
Suite, Apt. #, etc. 56		Suite, Apt. #, etc. 56	
City & State West Palm Beach		City & State West Palm Beach	
Zip 33417	Country US	Zip 33417	Country US
4. FEI Number 06-1516905		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALCEE, KETTY 13840 72ND COURT, NORTH WEST PALM BEACH, FL 33412		7. Name and Address of New Registered Agent ALCEE, KETTY 4581 Challenger Way #56 West Palm Beach FL 33417	
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  (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title, if applicable DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALCEE, KETTY 4581 CHALLENGER WAY #56 WEST PALM BEACH, FL 334178056 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'LEARY, MARY LOU 1201 E PINCREST CIR JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHITED, GAIL 7796 OLYMPIA DR WEST PALM BEACH, FL 33417 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOSEPH, REGINALD 1201-E PINE CREST CIR JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 4/25/05 Daytime Phone #	