2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N98000002613

Entity Name: HELPING HANDS FOR THE SORROWFUL, INC.

Current Principal Place of Business:

4581 CHALLENGER WAY
#56
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4581 CHALLENGER WAY
#56
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 06-1516905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCEE, KETTY
4581 CHALLENGER WAY
#56
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ALCEE, KETTY
Address: 4581 CHALLENGER WAY #56
City-St-Zip: WEST PALM BEACH, FL 334178056

Title: DVP ( ) Delete
Name: O'LEARY, MARY LOU
Address: 1201 E PINCREST CIR
City-St-Zip: JUPITER, FL 33458

Title: DS ( ) Delete
Name: WHITED, GAIL
Address: 7796 OLYMPIA DR
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DVP ( ) Delete
Name: JOSEPH, REGINALD
Address: 1201-E PINE CREST CIR
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KETTY ALCEE DP 04/28/2006

Electronic Signature of Signing Officer or Director — Date