2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# N98000004961

Entity Name: TOUCHING HANDS FOUNDATION, INC.

Current Principal Place of Business:

2000 P. STREET N.W., STE 615
WASHINGTON, DC 20036

New Principal Place of Business:

2000 P STREET NW, STE 615
WASHINGTON, DC 20036

Current Mailing Address:

2000 P. STREET N.W., STE 615
WASHINGTON, DC 20036

New Mailing Address:

2000 P STREET NW, STE 615
WASHINGTON, DC 20036

FEI Number: 59-3529626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DILLAND, JESSIE
1480 N.W. 194TH STREET
MIAMI, FL 33169 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: D ( ) Delete
Name: MCCARDELL, KEENAN W
Address: 1402 FOREST BROOK
City-St-Zip: SUGARLAND, TX 77479

Title: D ( ) Delete
Name: MCCARDELL, NICOLE R
Address: 1402 FOREST BROOK
City-St-Zip: SUGARLAND, TX 77479

Title: D ( ) Delete
Name: WARREN, CLEVE
Address: 9250 BAY MEADOWS BLVD. STE. 220
City-St-Zip: JACKSONVILLE, FL 32256

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAWN-MARIE GRAY D 09/06/2005

Electronic Signature of Signing Officer or Director — Date