2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005
Secretary of State

DOCUMENT# P00000085955

Entity Name: HELPING HANDS ADULT CARE, INC.

Current Principal Place of Business:

18860 US HWY 19N
128
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

18860 US HWY 19N
128
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3672473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POYTHRESS, KIM M
1826 CLEARBROOKE DRIVE
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

POYTHRESS, KIM M
4 SUNSET BAY DR
BELLEAIR, FL 33764 US

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: KIM POYTHRESS 06/06/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POYTHRESS, KIM
Address: 1826 CLEARBROOKE DRIVE
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POYTHRESS, KIM
Address: 4 SUNSET BAY DR
City-St-Zip: BELLEAIR, FL 33764

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM POYTHRESS D 06/06/2005
Electronic Signature of Signing Officer or Director Date