

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085955

FILED
Jan 03, 2006
Secretary of State

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
4 SUNSET BAY DR
BELLEAIR, FL 33764 US

Name and Address of New Registered Agent:

DEAN, 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 M. DEAN

01/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEAN, 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM DEAN

D

01/03/2006

Electronic Signature of Signing Officer or Director

Date