

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048861

Entity Name: BLESSED HANDS, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

821 NW 50 ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

821 NW 50 ST
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-1118210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, VELMA MS.
15012 SW 139 PLACE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

BAILEY, VELMA MS.
821 NW 50 STREET
MIAMI, FL 33127 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BAILEY, VELMA MS.
Address: 51 N.W. 46 ST
City-St-Zip: MIAMI, FL 33147

Title: P () Delete
Name: BAILEY, VELMA MS.
Address: 51 N.W. 46 ST
City-St-Zip: MIAMI, FL 33147

Title: V () Delete
Name: JONES, SHARON MS.
Address: 51 N.W. 46 ST
City-St-Zip: MIAMI, FL 33147

Title: ST () Delete
Name: SMITH, OCTAVIA MS.
Address: 51 N.W. 46 ST
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BAILEY, VELMA MS.
Address: 821 NW 50 STREET
City-St-Zip: MIAMI, FL 33127

Title: CEO (X) Change () Addition
Name: BAILEY, VELMA MS.
Address: 821 NW 50 STREET
City-St-Zip: MIAMI, FL 33127

Title: VP (X) Change () Addition
Name: JONES, SHARON MS.
Address: 821 NW 50 STREET
City-St-Zip: MIAMI, FL 33127

Title: ST (X) Change () Addition
Name: SMITH, OCTAVIA MS.
Address: 154 TONY CIRCLE
City-St-Zip: ROCKY MOUNT, NC 27801

I hereby certify that the information supplied with this filing does not qualify 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: VELMA BAILEY

CEO

04/29/2009

Electronic Signature of Signing Officer or Director

Date