2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # P03000020784** 1. Entity Name HELPING HANDS OF PINELLAS, INC. Principal Place of Business Mailing Address 15341 58TH ST N 15341 58TH ST N **UNIT B UNIT B** CLEARWATER, FL 33760 CLEARWATER, FL 33760 US 04272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3678352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERGUSON, LATONYA DO NOT WRITE 15341 58TH ST N **UNIT B** IN THIS SPACE CLEARWATER, FL 33760 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or oranted name of registored agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be п Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FERGUSON, LATONYA NAME 15341 58TH ST N UNIT B STREET ADDRESS U00000740489 05/14/07-80068-023 150.0D CITY-ST-ZIP CLEARWATER, FL 33760 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all gifter lips empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED