2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 03, 2005 08:00 AM DOCUMENT # P03000034916 Secretary of State 1. Entity Name THOSE HANDS, INC. Principal Place of Business Mailing Address 2018 DOYLE DRIVE 2018 DOYLE DRIVE TITUSVILLE, FL 32796 TITUSVILLE, FL 32796 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1875369 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE LOS SANTOS, DAVID DO NOT WRITE 2018 DOYLE DRIVE TITUSVILLE, FL 32796 IN THIS SPACE 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PVST TITLE NAME DE LOS SANTOS, DAVID STREET ADDRESS 2018 DOYLE DRIVE U00000213116 CITY-ST-ZIP TITUSVILLE, FL 32796 02/03/05-80050-013 150.00 DE LOS SANTOS, DAVID NAME STREET ADDRESS 2018 DOYLE DRIVE CITY-ST-ZIP TITUSVILLE, FL 32796 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 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 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 attachm

SIGNATURE:

CITY-ST-ZIP