2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Jan 27, 2006 08:00 AM Secretary of State **DOCUMENT # P03000034916** 1. Entity Name THOSE HANDS, INC. Principal Place of Business Mailing Address 2018 DOYLE DRIVE TITUSVILLE FL 32796 2018 DOYLE DRIVE TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 14-1875369 Not Applicable 7in Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LOS SANTOS, DAVID Street Address (P.O. Box Number is Not Acceptable) 2018 DOYLE DRIVE TITUSVILLE FL 32796 Zip Code City 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 reinstalling) DATE FILE NOW!!! FEE IS \$150.00 CHECK #1350 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. □ A : :::: TITLE ☐ Delete TITLE ☐ Change NAME DE LOS SANTOS, DAVID NAME U08000404642 02/07/06-80008-007 150.00 STREET ADDRESS STREET ADDRESS 2018 DOYLE DRIVE DITY - ST - ZIP TITUSVILLE FL 32796 CITY-ST-ZIP ☐ Change Addin-TITLE ☐ Delete TITLE NAME NAME DE LOS SANTOS, DAVID STREET ADDRESS STREET ADDRESS 2018 DOYLE DRIVE CITY -ST-ZIP TITUSVILLE FL 32796 CITY-ST-ZIP TITLE ☐ Change □ A±** THIEF __ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUTE F ☐ Change III Addition ☐ Detete DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Change ☐ # · · · · ☐ Delete TITLE TITLE NAME MARKET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addisin TUTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

DAVID DE LOS SANTOS 1-18-06 (321)383-313

FILED