

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034210

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: COLLEEN DINES HELPING HANDS, INC

## Current Principal Place of Business:

P.O. BOX 2051  
PACE, FL 32571 US

## New Principal Place of Business:

5179 NIMITZ RD.  
MILTON, FL 32583 US

## Current Mailing Address:

P.O. BOX 2051  
PACE, FL 32571 US

## New Mailing Address:

FEI Number: 86-1097212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLODGETT, ALMA M  
6500 SANDERS ST  
MILTON, FL 32570 US

## Name and Address of New Registered Agent:

BLODGETT, ALMA M  
5179 NIMITZ RD.  
MILTON, FL 32583 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:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DINES, COLLEEN  
Address: 6500 SANDERS ST.  
City-St-Zip: MILTON, FL 32570

Title: ST ( ) Delete  
Name: BLODGETT, ALMA  
Address: 6500 SANDERS ST  
City-St-Zip: MILTON, FL 32570

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DINES, COLLEEN  
Address: 5179 NIMITZ RD  
City-St-Zip: MILTON, FL 32583

Title: S (X) Change ( ) Addition  
Name: BLODGETT, ALMA  
Address: 5179 NIMITZ RD.  
City-St-Zip: MILTON, FL 32583

Title: T ( ) Change (X) Addition  
Name: STANFIELD, ESTHER  
Address: 5179 NIMITZ RD.  
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COLLEEN A DINES

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date