2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000148620

1. Entity Name
HELPING HAND HOME CARE SERVICES, INC.

Principal Place of Business	Mailing Address
759 DEMOREST AVE. S.	759 DEMOREST AVE. S.
LEHIGH ACRES, FL 33936	LEHIGH ACRES, FL 33936

DO NOT WRITE IN THIS SPACE

04112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
68-0603785	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, LECRESHA
759 DEMOREST AVE
LEHIGH, FL 33936

DO NOT WRITE
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)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P	U000000712503
NAME	MORRIS, LECRESHA	04/26/07-80050-012 150.00
STREET ADDRESS	759 DEMOREST AVE S	
CITY-ST-ZIP	LEHIGH, FL 33936	
TITLE	S	
NAME	KING, LECRESHA	
STREET ADDRESS	759 DEMOREST AVE S	
CITY-ST-ZIP	LEHIGH, FL 33936	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		DO NOT WRITE
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 other like empowered.

SIGNATURE: _Morris Lecresha Morris_ 4/11/07   239-645-5033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #