2005 FOR PROFIT CORPORATION

Sep 09, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000164693** 1. Entity Name 09-09-2005 90034 037 ***150 00 SERVANT'S HAND INC. Principal Place of Business Mailing Address 1606 RED CLOVER 1606 RED CLOVER 50066164 ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 201972869 Not Applicable Ζip 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 LURY, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 1606 RED CLOVER CT. ORLANDO, FL 32825 Zip Code 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. 1 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWII FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete mF Change ■ Addition LURY, ROBERT A MALE. STREET ADDRESS 1606 RED CLOVER CT. STREET ADDRESS CITY-ST-78 ORLANDO, FL 32825 COTY-ST-ZIP MILE Delete MILE Charge Addition LURY, CYNTHIA A NAME NAME STREET ADDRESS 1606 RED CLOVER CT. STREET ADDRESS CITY-ST-78 ORLANDO, FL 32825 CITY-ST-ZP MA ☐ Delete ■ Addition LURY, ROBERT A JR. NAME MALAF STREET ADDRESS 1606 RED CLOVER CT. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-7IP ☐ Delete MLE ☐ Change ☐ Addition MALE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CTIY-ST-70P Delete IME TITLE ☐ Chance Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP TTDE ☐ Delete ☐ Change ■ Addition NAME MALAF STREET ADDRESS STREET ADDRESS COTY-ST-20P

12. I hereby certify that the information supplied with this fiting does not quality 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 attachment with an address, with all other like empowered.

CITY-ST-ZP

SIGNATURE:

407.384.6153

FILED