2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062573

Entity Name: HELPING HAND ASSISTED CARE INC.

FILED Jul 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1802 E OSBORNE AVE TAMPA, FL 33610

Current Mailing Address: New Mailing Address:

1802 E OSBORNE AVE TAMPA, FL 33610

Title:

Name:

Address: City-St-Zip:

FEI Number: 59-3634043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARMER, MICHELLE
1802 E OSBORNE AVE
TAMPA, FL 33610 US
FARMER, MICHELLE
9505 WELLSTONE DR
LAND O LAKES, FL 33548 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: MICHELLE FARMER 07/07/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

FARMER, MICHELLE
1802 E OSBORNE
TAMPA, FL 33610

Name: FARMER, MICHELLE
9505 WELLSTONE DR
City-St-Zip: LAND O LAKES, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELLE FARMER PRES 07/07/2009