2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# P05000098247

Entity Name: MY RIGHT HANDY MAN INC.

Current Principal Place of Business:

8917 S.E. SANDY LANE
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8917 S.E. SANDY LANE
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 20-3186048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, JENNIFER
8917 S.E. SANDY LANE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADAMS, JENNIFER
Address: 8917 S.E. SANDY LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: V ( ) Delete
Name: HINMAN, MICHAEL
Address: 8917 S.E. SANDY LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: S ( ) Delete
Name: WARD, DARRELL G
Address: 8915 SE SANDY LANE
City-St-Zip: HOBE SOUND, FL 33455

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: WARD, DARRELL G
Address: 8917 SE SANDY LANDY
City-St-Zip: HOBE SOUND, FL 33455 FL

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: DARRELL G WARD S 04/26/2008

Electronic Signature of Signing Officer or Director Date