2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059273

City-St-Zip:

Entity Name: STUDENT'S HELPING HANDS INC.

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
245 ATLANTIS CIR UNIT 301 ST AUGUSTINE, FL 3208	0 US			
Current Mailing Address	:	New Mailing Address:	New Mailing Address:	
245 ATLANTIS CIR UNIT 301 ST AUGUSTINE, FL 32080 US			1093 A1A BEACH BLVD PMB 285 ST AUGUSTINE, FL 32080 US	
FEI Number: 20-4773573	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Cu	ırrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
POWELL, ROBERT R 245 ATLANTIS CIR UNIT 301 ST AUGUSTINE, FL 3208	0 US			
The above named entity su in the State of Florida.	ubmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: () [Name: Address:	Delete	Name: ROBERT, PO) Change (X) Addition WELL R ACH BLVD PMB 285	

City-St-Zip:

ST. AUGUSTINE BEACH, FL 32080 US

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: ROBERT POWELL P 04/28/2007