## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000064972

Entity Name: A HELPING HAND A-Z, INC.

1714 SW 30TH STREET

CAPE CORAL, FL 33914

Address:

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

•		,,				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	3RD TERRAC RAL, FL 3399					
Current Mailing Address:			New Mailii	New Mailing Address:		
	BRD TERRAC RAL, FL 3399					
FEI Number	: 16-1759400	FEI Number Applied For()	FEI Number Not Appli	icable ( ) Co	ertificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and	Address of New	/ Registered Agent:	
HOH, CLA 3326 SW 3 CAPE CO	NUDIA C BRD TERRAC RAL, FL 3399	≣ 1 US				
	named entity e of Florida.	submits this statement for the	e purpose of changing it	s registered offic	e or registered agent, or both,	
SIGNATU	RE:					
	Electron	nic Signature of Registered A	gent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( DAVIS, ANTHR 3326 SW 3RD CAPE CORAL,	TERRACE	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( BERNHARD, A 1714 SW 30TH CAPE CORAL,	STREET	Title: Name: Address: City-St-Zip:	VP (X) Ch HOH, CLAUDIA 3326 SW 3RD TER CAPE CORAL, FL		
Title: Name: Address: City-St-Zip:	S (X HOH, CLAUDIA 3326 SW 3RD CAPE CORAL,	TERRACE	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition	
Title: Name:	T (X PALMER, AND	) Delete REA	Title: Name:	( ) Ch	ange ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ANTHRONE DAVIS P 04/30/2007