


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000099050 1. Entity Name SHACK'S HELPING HAND, INC.	
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Principal Place of Business 930 NORTHWEST 203RD AVENUE PEMBROKE PINES FL 33029	Mailing Address 930 NORTHWEST 203RD AVENUE PEMBROKE PINES FL 33029
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1st MOORE CR2E034 (10/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 22-3940067
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SHACKELFORD, BETTY A 930 NORTHWEST 203RD AVENUE PEMBROKE PINES FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div style="text-align: center; font-size: small;"> U00000806305 02/06/08-80958-025 150.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHACKELFORD, DONALD A 930 NORTHWEST 203RD AVENUE PEMBROKE PINES FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: Betty Shackelford **Betty A Shackelford 1/24/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR