

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90398 004 ***158.75

DOCUMENT # P06000156770 1. Entity Name HANDS OF BLESSINGS, INC.			
Principal Place of Business 10101 TALLWOOD COURT TAMPA, FL 33615		Mailing Address 10101 TALLWOOD COURT TAMPA, FL 33615	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 5815 N. 34th ST		3. Mailing Address Suite, Apt. #, etc. 	
City & State Tampa FL		City & State 	
Zip 33610		Country Hillsborough	
4. FEI Number 208153206		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCKNER, SAADIA 10101 TALLWOOD COURT TAMPA, FL 33615		7. Name and Address of New Registered Agent Name Saadia Buckner + Brenda Greenway Street Address (P.O. Box Number is Not Acceptable) 10101 Tallwood Court City Tampa FL Zip Code 33615	
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: <i>Saadia Buckner</i> CEO/P, Brenda Greenway 4-28-07 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BUCKNER, SAADIA STREET ADDRESS 10101 TALLWOOD COURT CITY-ST-ZIP TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE CEO NAME Brenda Greenway STREET ADDRESS 10346 Chadbourne Dr CITY-ST-ZIP Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME BARBAER, RENEE STREET ADDRESS 909 DUFF CT CITY-ST-ZIP FORT WORTH, TX 76112	<input type="checkbox"/> Delete	TITLE D NAME Michael B. Richman STREET ADDRESS 5113 Memorial Highway CITY-ST-ZIP Tampa, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME GRIFFIN, BERNICE STREET ADDRESS 4805 GRAINARY AVE CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE D NAME Tammie Terrell Simmons STREET ADDRESS P.O. Box 11044 CITY-ST-ZIP Tampa, FL 33680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME ARNOLD, LAGINA STREET ADDRESS 909 BOOKER ST CITY-ST-ZIP COLUMBUS, GA 31907	<input type="checkbox"/> Delete	TITLE D NAME Stephanie Lopreste STREET ADDRESS 1417 Cloverfield Dr CITY-ST-ZIP Tampa, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HARRIS, KAREN STREET ADDRESS 8327 S. ELIZABETH ST CITY-ST-ZIP CHICAGO, IL 60620	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ALLEN-ROSEBURY, AKEYTHIA Z STREET ADDRESS 9417 WINDERMERE LAKE DRIVE APT. 104 CITY-ST-ZIP TAMPA, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Saadia Buckner</i> SAADIA BUCKNER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-28-07	
<i>Brenda Greenway</i> Brenda Greenway		Daytime Phone # 813-506-4345	

ATTACHMENT

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"HANDS OF BLESSINGS Inc." IN HONOR OF AL GREENWAY"

The purpose for which the corporation is organized is :

to have an assisted living facility that will continue the quality of life for those elderly persons , who may or may not be endowed with medical needs or conditions, by loving, caring, and promoting confidence, reliability, stability, and determination.

The mission that I have sat out for is as follow:

To assist and serve the elderly from all race and ethnic backgrounds that no longer are able to live alone, care for themselves, or have family to take care of them; to come and live in a clean, secure, comfortable , and safe environment . To also ensure each individual that they will be welcomed by an extended family alone with the abundance of love , understanding, respect , and care; here at " Hands Of Blessings Inc." home.

PRINCIPLES

1. ALWAYS PRACTICE IN AN PROFESSIONAL MANNER.
2. OUR RESIDENTS COME FIRST AT ALL TIMES.
- 3.ALWAYS GEAR TOWARD OUR MISSION NOT A PROFIT.
- 4.PRACTICE STEWARDSHIP OVER WHAT AND WHOM YOU BELIEVE IN.
5. LEAD BY EXAMPLE AND PROMOTE QUALITY OF LIFE 24 HOURS A DAY 365 DAYS A YEAR.
- 6.MOST OF ALL " NEVER COMPROMISE NOT ONE OF THESE PRINCIPLES!

We here at Hands Of Blessings " have a great board of directors that come from different occupational back grounds.

Ms. Saadia 'Litis Buckner: CEO - President ; of Hands Of Blessings ; mother of 3 , 5 years of College, Majoring in Medical field. Nursing for 18years, Bank Management for 3 years over medical fund accounts; day care for disabled pediatrics and adults; medical unit secretary ;telemetry technician.

Rene Barber: VP - of "Hands Of Blessings" 4 years of College , Majoring in Management / Marketing .

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Lagina Aronld : CFO- of " Hands Of Blessings" 4 years of college, Majoring in money market , business accounts, and currently own her cleaning business.

Bernice Griffin: Sec;- of "Hands of Blessings" 3 years of college , Majored in social science and secretarial skills; Social worker for 17 years, and Secretary for 10 years.

Karen Harris : H.R. - of " Hands Of Blessings" 2 years of college , Majoring in Medical , and Receptionist, Certified CNA 15 years and customer service for 10 years.

Akeythia Allen - Rosebury: MA. And Office Mgr. Of " Hands Of Blessings" 4 years of college Majoring in Medical Science:4years as a Certified CNA and 2 years as a Certified Medical Administrative .

Ayvejon Rosebury: Maintenance / custodian - of " Hands Of Hands Blessings"

currently in college -Majoring in Message Therapy , 4 years working with under privileged children.

Brenda Greenway: CEO: Of Hands of blessings" 10 years of realestate, and accounting

Michael Richman: CPA : Of Hands Of BLessings' , Finance instructor for FSU of FL., 25 years as a CPA, and over 25 years as a tax perpare for the Hills. Community.

Tammie Terrell Simmons: of Hands of blessings" Army REserver and 6 years As a CCU - RN

Assisted Living : a special combination of housing , personalized supportive services and health care designed to meet the needs – both scheduled and unscheduled – of those who need help with activities of daily living. Services provided in Assisted Living residences usually include:

Three meals a day served in a elegant dinning setting

Housekeeping services

Transportation

Assistance with eating , feeding , bathing , dressing, toileting, and walking

Access to health and medical services

24 - hour security and staff avaiability

Emergency call system for each residents unit or room

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Health promotion and exercise programs # P06000156770

Medication Management
Laundry facility

Social and recreational activities

Saadia Buckner - CEO/Pres.
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