

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127201

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** HAND IN HAND EARLY LEARNING & DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

19215 LIVINGSTON AVE  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

207 W. LUTZ LAKE FERN RD.  
WESLEY CHAPEL, FL 33548

**New Mailing Address:**

19215 LIVINGSTON AVE  
WESLEY CHAPEL, FL 33548

**FEI Number:** 26-3645387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, WENDY V  
207 W. LUTZ LAKE FERN RD.  
LUTZ, FL 33548 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: VP ( ) Delete  
Name: ALEXANDER, WENDY V  
Address: 19215 LIVINGSTON AVE.  
City-St-Zip: LUTZ, FL 33559

Title: S ( ) Delete  
Name: ALEXANDER, JEFFREY  
Address: 19215 LIVINGSTON AVE  
City-St-Zip: LUTZ, FL 33559

Title: T ( ) Delete  
Name: HUME, TIM  
Address: 19215 LIVINGSTON AVE  
City-St-Zip: LUTZ, FL 33559

Title: VP ( ) Delete  
Name: HUME, PATRICIA  
Address: 19215 LIVINGSTON AVE  
City-St-Zip: LUTZ, FL 33559

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

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:** PATRICIA HUME

VP

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date