

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033742

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE HELPING HANDS PROFESSIONALS, INC.

Current Principal Place of Business:

9045 YORK LANE, SUITE E
W. MELBOURNE, FL 32904

New Principal Place of Business:

9045 YORK LANE
W. MELBOURNE, FL 32904

Current Mailing Address:

9045 YORK LANE, SUITE E
W. MELBOURNE, FL 32904

New Mailing Address:

9045 YORK LANE
W. MELBOURNE, FL 32904

FEI Number: 26-2312130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MATTEY, YLLEN H D
9045 YORK LANE
W. MELBOURNE, FL 32904 US

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: YLLEN H MATTEY

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ESPINOZA, NELLY
Address: 9045 YORK LANE, SUITE E
City-St-Zip: W. MELBOURNE, FL 32904

Title: D () Delete
Name: MATTEY, YLLEN H
Address: 9045 YORK LANE, SUITE E
City-St-Zip: W. MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ESPINOZA, NELLY
Address: 9045 YORK LANE, # E
City-St-Zip: W. MELBOURNE, FL 32904

Title: D (X) Change () Addition
Name: MATTEY, YLLEN H
Address: 9045 YORK LANE, # E
City-St-Zip: W. MELBOURNE, FL 32904

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: NELLY C ESPINOZA

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date