

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000007818

**FILED**  
**Jan 22, 2011**  
**Secretary of State**

**Entity Name:** HELPING HANDS THERAPEUTICS, INC.

**Current Principal Place of Business:**

282 OAKRIDGE Q  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

8360 TRENT CT  
A  
BOCA RATON, FL 33433 US

**Current Mailing Address:**

282 OAKRIDGE Q  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

8360 TRENT CT  
A  
BOCA RATON, FL 33433 US

**FEI Number:** 26-4123823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURGER, DANNY  
282 OAKRIDGE Q  
DEERFIELD BEACH, FL 33442 US

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

BURGER, DANNY  
8360 TRENT CT  
A  
BOCA RATON, FL 33433 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:**

01/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BURGER, DANNY  
**Address:** 8360 TRENT CT A  
**City-St-Zip:** BOCA RATON, FL 33433 US

I hereby 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 all other like empowered.

**SIGNATURE:** DANNY BURGER

P

01/22/2011

Electronic Signature of Signing Officer or Director

Date