


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000019005
 1. Entity Name
 HELPING HANDS HEALTHCARE SERVICES, INC.



Principal Place of Business 6030 WASHINGTON STREET SUITE 1 HOLLYWOOD, FL 33023 US	Mailing Address 6030 WASHINGTON STREET SUITE 1 HOLLYWOOD, FL 33023 US
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0395492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GADBOIS, DOREEN
 6126 S.W. 31ST. STREET
 MIRAMAR, FL 33023

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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) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC GABOIS, DOREEN L 6126 S.W. 31ST STREET MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST QUINN, BETTE L. 7181 S.W. 9TH STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Doreen Gadbois Doreen Gadbois 4/18/07 934-986-0511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #