2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# P96000014457

Entity Name: HELPING HANDS SERVICES INC.

Current Principal Place of Business:

11133 N.W. 7TH STREET #202
MIAMI, FL 33172

New Principal Place of Business:

11133 N.W. 7TH STREET
202
MIAMI, FL 33172

Current Mailing Address:

11133 N.W. 7TH STREET #202
MIAMI, FL 33172

New Mailing Address:

11133 N.W. 7TH STREET
202
MIAMI, FL 33172

FEI Number: 65-0337067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, JULIE A
11133 N.W. 7TH STREET #202
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

FOX, JULIE A
11133 N.W. 7TH STREET
202
MIAMI, FL 33172 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: _____ 06/24/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOX, JULIE A PRES
Address: 11133 N.W. 7TH STREET #202
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JULIE A FOX PRES 06/24/2009
Electronic Signature of Signing Officer or Director — Date