FOR PROFIT CORPORATION

FILED Jun 25, 2002 8:00 am Secretary of State

UNIFORM	BUSINESS	REPORT	(UBR)
DOCUMENT #	<u> </u>	M51	(PQ)

06-25-2002 90446 025 ***150.00 1. Entity Name SERVING HANDS, INC. 170410 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 778 CENTERWOOD 778 CENTERWOOD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-3536765 City & State City & State TARPON SPRINGS TARPON SPRINGS Not Applicable PINELLA \$8.75 Additional PINELLA 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent FELOMAN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 34688 TARPON 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Amended UBR is \$61.25 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) PRESIDENT TITLE JIMLFELDMAN 778 CENTERWOOD DR NAME NAME STREET ADDRESS STREET ADDRESS TARPON SPRINGS, FL 34688 VICE-PRESIDENT, STORETARY PATRICIA A. FELDMAN CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME 778 CENTERWOOD DR STREET ADDRESS STREET ADDRESS TARPON SPRINGS, FL 34688 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS DO-NOT-WRITE STREET ADDRESS CITY ST ZIP CITY-ST-ZIP IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Serving Hands, Inc.

51# 59-3536765 118476

June 18, 2002

I am sending in this form with payment for our Corporation:

Serving Hands, Inc. 778 Centerwood Drive Tarpon Springs, FL 34688 (727) 943-812 EIN#: 59-3536765

Unfortunately I did not receive the notification and after searching my records, found that for year 2002, the fee had not been paid. Always in the past I had received the form on time and a timely payment was made. I called the State Department of Corporations and received instructions for getting the form from the internet and his instruction to include a letter of explanation of the payment being sent at this time.

Obviously, I will watch for the form in the future and if it does not arrive, I will use the internet to get the form and make payment on a timely fashion.

Thank you.

Dear Sirs:

Sincerely,

∕Jim L. Feldman President