

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04136

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: TRUSTED HAND SERVICE, INC.

## Current Principal Place of Business:

2569 EDISON AVE  
JACKSONVILLE, FL 32204 US

## New Principal Place of Business:

1010 N. DAVIS STREET  
SUITE #201  
JACKSONVILLE, FL 32209 US

## Current Mailing Address:

2569 EDISON AVE  
JACKSONVILLE, FL 32204 US

## New Mailing Address:

1010 N. DAVIS STREET  
SUITE #201  
JACKSONVILLE, FL 32209 US

FEI Number: 59-3101475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOON, KATY  
2569 EDISON AVENUE  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

MOON, KATY  
1010 N. DAVIS STREET  
SUITE #201  
JACKSONVILLE, FL 32209 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:

02/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: MOON, KATY  
Address: 2317 GILMORE ST  
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete  
Name: MOON, YUNG  
Address: 2317 GILMORE ST  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: MOON, KATY  
Address: 1010 N. DAVIS STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD (X) Change ( ) Addition  
Name: MOON, YUNG  
Address: 1010 N. DAVIS STEET  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the 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: KATY MOON

PRES

02/02/2006

Electronic Signature of Signing Officer or Director

Date