

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002880

FILED
Apr 30, 2007
Secretary of State

Entity Name: HANDS UP CORPORATION OF AMERICA

Current Principal Place of Business:

4525 WATERSIDE POINTE CIRCLE
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 141447
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 84-1644894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH M ESQ.
1701 J. L. REDMOND PKWY
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HIGHSMITH, VENUS D
Address: 4525 WATERSIDE POINTE CIRCLE
City-St-Zip: ORLANDO, FL 32829

Title: V () Delete
Name: LAWANDA, GRAY M
Address: 3003 SLIPPERY ROCK COURT
City-St-Zip: COLUMBUS, GA 31909

Title: S () Delete
Name: HIGHSMITH, REBECCA R
Address: 2313 W. 10TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: WILLIAMS, JOSEPH M
Address: 1701 J. L. REDMOND PKWY
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VENUS HIGHSMITH

P

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date