

1.) CORPORATION NAME: Family's Helping Hands, Incorporated	DUE DATE: 6/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAPHNE TURNER 558 BELLEVUE AVE PETERSBURG, VA	SCC ID NO: 07245681
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PETERSBURG CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5612 DUNN LORING COURT CITY/ST/ZIP: VA BEACH, VA 23464	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KENYA CABRERA TITLE: OFFICER ADDRESS: 5612 DUNN LORING COURT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CARLOS CABRERA TITLE: DIRECTOR ADDRESS: 5612 DUNN LORING COURT CITY/ST/ZIP/CO: VA BEACH, VA 23464	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JUDY HARPS TITLE: DIRECTOR ADDRESS: 2024 DOLINA DRIVE CITY/ST/ZIP/CO: VA BEACH, VA 23464	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SAMUEL HARPS TITLE: DIRECTOR ADDRESS: 2024 DOLINA DRIVE CITY/ST/ZIP/CO: VA BEACH, VA 23464	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KENYA CABRERA	KENYA CABRERA, OFFICER	6/23/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.