


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90051 006 ****61.25

DOCUMENT # 718051 1. Entity Name HERE'S HELP, INC.	
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Principal Place of Business 15100 N.W. 27TH AVENUE OPA LOCKA, FL 33054	Mailing Address 15100 N.W. 27TH AVENUE OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE

40007699



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1298067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMSON, HERBERT
 310 PONCIANA ISLAND DR.
 SUNNY ISLES BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KROSS, JOHN 11000 NW 18TH STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KANE, STANFORD 16235 N.E. 11TH CT. NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MENDEZ, IANACIO 14341 ARLINTON PLACE FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABRAMSON, HERBERT W 310 PONCIANA ISLAND DR SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELLERSON, RICHARD DR. 3401 HOLLYWOOD BLVD HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNCH, JOHN 427 CORAL WAY MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____



ATTACHMENT

40007699

"A Program in Human Development Since 1968"

January 12, 2005

Please add the following individual to the list of Officers/Directors for document number 718051:

Title: D
Name: Wilson-Watson, Julie
Street Address: 7601 Riviera Blvd
City- St- Zip: Miramar, FL 33023