
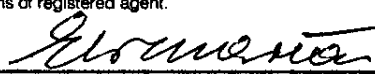
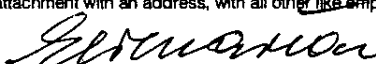


FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90080 026 ****70.00

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F01000001847					
1. Entity Name DIRECT HELP TO EASTERN EUROPE, INC.					
Principal Place of Business 3037 NORTH MILWAUKEE AVE CHICAGO, IL 60618 US			Mailing Address 246 ORTIZ BLVD NORTH PORT, FL 34287 US		
2. Principal Place of Business 207 ORTIZ Blvd		3. Mailing Address 207 ORTIZ Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NORTH PORT, FL.		City & State NORTH PORT, FL.		4. FEI Number 36-3864285	
Zip 34287		Country USA		Applied For Not Applicable	
Zip 34287		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAZARIAN, ELIZABETH 246 ORTIZ BLVD. NORTH PORT, FL 34257			7. Name and Address of New Registered Agent Name NAZARIAN ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 207 ORTIZ Blvd. City NORTH PORT FL Zip Code 34287		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 04/09/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAZARIAN, ELIZABETH 246 ORTIZ BLVD NORTH PORT, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NAZARIAN, ELIZABETH 207 ORTIZ BLVD. NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAZARIAN, ANCA 504 E. GRIMES LANE BLOOMINGTON, IN 47401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NAZARIAN, ANIA 115 E. 16TH APT. A BLOOMINGTON, IN. 47408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARIAN, IWONA 1028 N WINCHESTER CHICAGO, IL 60622	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NAZARIAN, ISZCHAN 207 ORTIZ BLVD NORTH PORT, FL, 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOSIEK, ZOFIA 5559 W LELAND AVE CHICAGO, IL 60630	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAZARIAN, ISZCHAN 246 ORTIZ BLVD NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TERESA GORECKA - WHITE 1269 YATES STREET PORT CHARLOTTE, FL, 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARATA, GOSIA 7300 N BELL AVE, APT. 35 CHICAGO, IL 60645	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				DATE 04/09/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

94053025



03302004 Chg-NP CR2E037.(10/03)