

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000987

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: HELP FOR GOD'S CHILDREN, INC.

**Current Principal Place of Business:**

6129 NW 124TH DR  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

6129 NW 124TH DR  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

FEI Number: 65-1073877      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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:      PSTD      ( ) Delete  
Name:      HAJELA, KARUNA  
Address:      6129 NW 124TH DR  
City-St-Zip:      CORAL SPRINGS, FL 33076

Title:      D      ( ) Delete  
Name:      HAJELA, KULDEEP K  
Address:      6129 NW 124TH DR  
City-St-Zip:      CORAL SPRINGS, FL 33076

Title:      D      ( ) Delete  
Name:      HAJELA, SONAM  
Address:      6129 NW 124TH DR.  
City-St-Zip:      CORAL SPRINGS, FL 33076

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KULDEEP K. HAJELA

DIR

03/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date