

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004077

FILED
Apr 26, 2007
Secretary of State

Entity Name: HELPING HURTING WOMEN HEAL INC.

Current Principal Place of Business:

900 N W 84TH STREET
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

900 N W 84TH STREET
MIAMI, FL 33150

New Mailing Address:

FEI Number: 01-0708296 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MATHIS, CAMILLA
900 N W 84TH STREET
MIAMI, FL 33150 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: PD () Delete
Name: MATHIS, CAMILLA
Address: 900 N W 84TH STREET
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: JONES, WILLIE J
Address: 2261 N W 58TH STREET
City-St-Zip: MIAMI, FL 33142

Title: VD () Delete
Name: MATHIS, RONDREA D
Address: 900 NW 84 ST
City-St-Zip: MIAMI, FL 33150

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 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: CAMILLA F. MATHIS

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date