

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008619

FILED
Oct 30, 2007
Secretary of State

Entity Name: HUMAN BEINGS HELPING HUMAN BEINGS, INC.

Current Principal Place of Business:

CORNWALL STREET, BUILDING A
SUITE 4015
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

CORNWALL STREET, BUILDING A
SUITE 4015
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 74-3079955 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOULD, BETH ANN
CORNWALL STREET, BUILDING B
SUITE 1022
BOCA RATON, FL 33434 US

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: BETH ANN GOULD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOULD, BETH A
Address: 4015 CORNWALL STREET, BLDG A SUITE 405
City-St-Zip: BOCA RATON, FL 33434 US

Title: DV () Delete
Name: WEISS, LAUREN J
Address: 357 ST. VINCENT
City-St-Zip: IRVINE, CA 92618 US

Title: DT () Delete
Name: WEISS, SCOTT H
Address: 350 BARRICK HILL ROAD
City-St-Zip: RICHFIELD, CT 06977 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: BLONSKY, PAUL M
Address: 22319 ERWIN ST
City-St-Zip: BLONSKY, CA 91367 US

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: BETH ANN GOULD

Electronic Signature of Signing Officer or Director

PRES

10/30/2007

Date