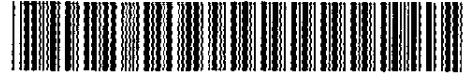


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03428</b>					
1. Entity Name <b>CHRISTIAN'S HELP, INC.</b>					
Principal Place of Business <b>1219 FRANKLIN CIRCLE CLEARWATER FL 33756-5815 US</b>			Mailing Address <b>1219 FRANKLIN CIRCLE CLEARWATER FL 33756-5815 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired <input type="checkbox"/>				4. FEI Number <b>59-2422601</b>	
				Applied For Not Applicable	
				1st MOORE CR2E037 (10/05)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CROWN, ROBERT E. 1219 FRANKLIN CIRCLE CLEARWATER FL 33756-5815</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>   Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CROWN, ROBERT E.		NAME		
STREET ADDRESS	1219 FRANKLIN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33756-5815		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MURRAY, MARY LOU		NAME		
STREET ADDRESS	1420 MORROW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WICKMAN, CARL V		NAME		
STREET ADDRESS	7 MIDWAY ISLAND		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	RINARD, PATRICK W		NAME		
STREET ADDRESS	801 OSCEOLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL 33756		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CROWN, KAREN C		NAME		
STREET ADDRESS	2 SEASIDE LANE, UNIT 104		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL 33756		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DODSON, JAMES		NAME		
STREET ADDRESS	427 BUTTWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number  
**59-2422601**

Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**CROWN, ROBERT E.  
1219 FRANKLIN CIRCLE  
CLEARWATER FL 33756-5815**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** | Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

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TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CROWN, ROBERT E.		NAME		
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CITY-ST-ZIP	CLEARWATER FL 33756-5815		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CROWN, KAREN C		NAME		
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STREET ADDRESS	427 BUTTWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP		

U00000413144  
02/10/06-80074-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.