

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008
Secretary of State

DOCUMENT# N06000005109

Entity Name: HELP HAITIANS LIVE INC.

Current Principal Place of Business:

7126 FOREST CITY ROAD
70
ORLANDO, FL 32810

New Principal Place of Business:

823 RAVENS CIRCLE
202
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

7126 FOREST CITY ROAD
70
ORLANDO, FL 32810

New Mailing Address:

823 RAVENS CIRCLE
202
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-5868127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

EMILIEN, ANNA
7126 FOREST CITY ROAD
70
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

EMILIEN, ANNA
823 RAVENS CIRCLE
#202
ALTAMONTE SPRINGS, FL 32810 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: _____

06/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EMILIEN, ANNA
Address: 7126 FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810

Title: VP () Delete
Name: JEANNOT, HERLYNE
Address: PO BOX 683012
City-St-Zip: ORLANDO, FL 32868

Title: S () Delete
Name: FLERZIL, PIERRE VANEL
Address: PO BOX 580209
City-St-Zip: ORLANDO, FL 32858

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: ANNA EMILIEN

P

06/19/2008

Electronic Signature of Signing Officer or Director

Date