2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2005 8:00 am **Secretary of State DOCUMENT # P95000058965** 01-25-2005 90027 014 ***150.00 WE HELP YOU BUY, INC. Principal Place of Business Mailing Address 1632 NECTARINE TR. 1632 NECTARINE TR. -40005334 CLERMONT, FL 34711 CLERMONT, FL 34711 -347140 CR2E034 (10/03) 01142005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3332767 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPINOS, MICHAEL W DO NOT WRITE 1632 NECTARINE TR. CLERMONT, FL 34711 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD mu SPINOS, MICHAEL W NAME **1632 NECTARINE TRAIL** STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

FILED