

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000007481

Entity Name: HELPING HOUNDS USA, INC.**Current Principal Place of Business:**174 SHERIDAN AVE
LONGWOOD, FL 32750**Current Mailing Address:**174 SHERIDAN AVE
LONGWOOD, FL 32750 US**FEI Number: 83-1307920****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOINE, DEMETRA A
174 SHERIDAN AVE
LONGWOOD, FL 32750 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: DEMETRA MOINE****05/26/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------|
| Title | CEO, PRESIDENT |
| Name | MOINE, ALEXANDRA A |
| Address | 174 SHERIDAN AVE |
| City-State-Zip: | LONGWOOD FL 32750 |

| | |
|-----------------|-------------------|
| Title | TREASURER |
| Name | MOINE, ELIJAH J |
| Address | 174 SHERIDAN AVE |
| City-State-Zip: | LONGWOOD FL 32750 |

| | |
|-----------------|-------------------|
| Title | CFO, VP |
| Name | MOINE, DEMETRA A |
| Address | 174 SHERIDAN AVE |
| City-State-Zip: | LONGWOOD FL 32750 |

| | |
|-----------------|-------------------|
| Title | SECRETARY |
| Name | MOINE, JOSEPH |
| Address | 174 SHERIDAN AVE |
| City-State-Zip: | LONGWOOD FL 32750 |

I hereby 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 all other like empowered.

SIGNATURE: DEMETRA MOINE**VP****05/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date