2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 707087

Entity Name: HPS, HELPING PEOPLE SUCCEED, INC.

Current Principal Place of Business:

1100 SE FEDERAL HIGHWAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 597
STUART, FL 34995

New Mailing Address:

FEI Number: 59-1051699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUTCHESON, SUZANNE
1100 SE FEDERAL HIGHWAY
STUART, FL 34995 US

Name and Address of New Registered Agent:

HUTCHESON, SUZANNE
1100 SE FEDERAL HIGHWAY
STUART, FL 34994 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: _____ 03/25/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: BELL, ERIN
Address: 3209 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34981

Title: PD ( ) Delete
Name: HUTCHESON, SUZANNE
Address: 1100 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994

Title: VCD ( ) Delete
Name: KEMP, PETER
Address: 1327 SW DIXIE HIGHWAY
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete
Name: KARRAKER, CRAIG
Address: 651 SW PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TD ( ) Delete
Name: HUDSON, DENNIS S III
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

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:

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: SUZANNE HUTCHESON PD 03/25/2009
Electronic Signature of Signing Officer or Director — Date