

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 28, 2005
Secretary of State

DOCUMENT# 742519

Entity Name: HELPGRO, INC.

Current Principal Place of Business:2789 ORTIZ AVENUE
FORT MYERS, FL 33905 US**New Principal Place of Business:****Current Mailing Address:**2789 ORTIZ AVENUE
FORT MYERS, FL 33905 US**New Mailing Address:**

FEI Number: 59-1864747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:REILLY, JAMES
3026 E. RIVERSIDE DRIVE
FORT MYERS, FL 33901 US**Name and Address of New Registered Agent:**COLEMAN, CARL JOSEPH
2201 2ND STREET
P.O. BOX 1567
FORT MYERS, FL 33901 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: CARL JOSEPH COLEMAN

02/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: V () Delete
Name: CROCKETT, DAVY MR.
Address: P.O. BOX 2218
City-St-Zip: FORT MYERS, FL 33901 LTitle: S () Delete
Name: CABAI, JOAN E MS.
Address: 1475 NORTH LARKWOOD SQUARE
City-St-Zip: FORT MYERS, FL 33919 LTitle: T () Delete
Name: SLUSHER, JAMES A ED.D.
Address: P.O. BOX 60210
City-St-Zip: FORT MYERS, FL 33906 LTitle: PC () Delete
Name: ISAACS, MADELYN L PH.D.
Address: 10501 FGCU BOULEVARD SOUTH
City-St-Zip: FORT MYERS, FL 33965 LTitle: () Delete
Name:
Address:
City-St-Zip:**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: C () Change (X) Addition
Name: REILLY, JAMES MR.
Address: 3026 E. RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901 L

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES REILLY

C

02/28/2005

Electronic Signature of Signing Officer or Director

Date