

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742519

Entity Name: HELPGRO, INC.

FILED
Apr 19, 2006
Secretary of State

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:

COLEMAN, CARL JOSEPH
2201 2ND STREET
P.O. BOX 1567
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

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 L

Title: S () Delete
Name: CABAI, JOAN E MS.
Address: 1475 NORTH LARKWOOD SQUARE
City-St-Zip: FORT MYERS, FL 33919 L

Title: T () Delete
Name: SLUSHER, JAMES A ED.D.
Address: P.O. BOX 60210
City-St-Zip: FORT MYERS, FL 33906 L

Title: PC () Delete
Name: ISAACS, MADELYN L PH.D.
Address: 10501 FGCU BOULEVARD SOUTH
City-St-Zip: FORT MYERS, FL 33965 L

Title: C () Delete
Name: REILLY, JAMES MR.
Address: 3026 E. RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901 L

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BOWER, MARSHALL ESQ
Address: 15031 PUNTA RASSA RD # 1203
City-St-Zip: FORT MYERS, FL 33908

Title: S (X) Change () Addition
Name: CABAI, JOAN E MS.
Address: 1475 NORTH LARKWOOD SQUARE
City-St-Zip: FORT MYERS, FL 33919

Title: T (X) Change () Addition
Name: KLEINOW, ED
Address: 518 N. YACHTSMAN DRIVE
City-St-Zip: SANIBEL ISLAND, FL 33957

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 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: DAVID E. WINTERS

CFO

04/19/2006

Electronic Signature of Signing Officer or Director

Date