

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762832

FILED
Jan 30, 2006
Secretary of State

Entity Name: HELPLINE, INCORPORATED

Current Principal Place of Business:

1623 SPALDING CT
SUITE 1
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

HELPLINE, INC.
POST OFFICE BOX 2186
KEY WEST, FL 33045 US

New Mailing Address:

FEI Number: 59-2176319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, LOU
1505 LAIRD STREET
KEY WEST, FL 33040 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: D () Delete
Name: MEITZ, DEBORA
Address: 3710 N. ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: COLEEN, FITZSIMMONS
Address: 1124 STUMP LANE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: ESQUINALDO, PAUL J
Address: 1329 2ND ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: THURMAN, KAREN
Address: 3990 S ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: TRAYLOR, DERRICK
Address: 1116 GRINNELL STREET
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: VICKI, GRANT
Address: 28 KEY HAVEN RD.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ESQUINALDO, PAUL
Address: 1329 SECOND ST.
City-St-Zip: KEY WEST, FL 33040

Title: V (X) Change () Addition
Name: STEVE, RAGUSEA
Address: 17194 CORAL DR.
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: D (X) Change () Addition
Name: FITZSIMMONS, COLEEN J
Address: 1124 STUMP LANE
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: VICKI, GRANT
Address: 1616 ATLANTIC BLVD # 18
City-St-Zip: KEY WEST, FL 33040

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: VICKI GRANT

PRES

01/30/2006

Electronic Signature of Signing Officer or Director

_____ Date