

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90086 030 ****61.25

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DOCUMENT # F01000001847 1. Entity Name DIRECT HELP TO EASTERN EUROPE, INC.					
Principal Place of Business 207 ORTIZ BLVD NORTH PORT, FL 34287 US			Mailing Address 207 ORTIZ BLVD NORTH PORT, FL 34287 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 36-3864285	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAZARIAN, ELIZABETH 207 ORTIZ BLVD NORTH PORT, FL 34287				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				Signature _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAZARIAN, ELIZABETH 207 ORTIZ BLVD NORTH PORT, FL 34287		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAZARIAN, ANIA 2364 S HENDERSON ST. BLOOMINGTON, IN 47401		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAWIEC, GRZEGORZ 9883 SORENG AVE. SHILLER PARK, IL 60176		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOSIEK, ZOFIA 5559 W LELAND AVE CHICAGO, IL 60630		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAZARIAN, ISZCHAN 207 ORTIZ BLVD NORTH PORT, FL 34287		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GESLOWSKI, GRACE 2413 W ALONQUIN RD. #122 ALONQUIN, IL 60102		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAZARIAN, ANIA 329 SAN CARLOS AVE. NORTH PORT, FL. 34287		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Gracjan Geslowski</i></u> 3/5/06 (1941) 426-7559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					