

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001847

FILED
Jan 14, 2007
Secretary of State

Entity Name: DIRECT HELP TO EASTERN EUROPE, INC.

Current Principal Place of Business:

207 ORTIZ BLVD
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

207 ORTIZ BLVD
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 36-3864285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAZARIAN, ELIZABETH
207 ORTIZ BLVD
NORTH PORT, FL 34287 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: P () Delete
Name: NAZARIAN, ELIZABETH
Address: 207 ORTIZ BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: NAZARIAN, ANIA
Address: 329 SAN CARLOS AVE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: KRAWIEC, GRZEGORZ
Address: 9883 SORENG AVE.
City-St-Zip: SHILLER PARK, IL 60176

Title: D () Delete
Name: WOSIEK, ZOFIA
Address: 5559 W LELAND AVE
City-St-Zip: CHICAGO, IL 60630

Title: D () Delete
Name: NAZARIAN, ISZCHAN
Address: 207 ORTIZ BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: GESLOWSKI, GRACE
Address: 2413 W ALONQUIN RD. #122
City-St-Zip: ALONQUIN, IL 60102

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:

Title: VP (X) Change () Addition
Name: GESLOWSKI, GRACE
Address: 141 NORTHWEST POINT BLVD
City-St-Zip: ELK GROVE VILLAGE, IL 60007

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: ELIZABETH NAZARIAN

P

01/14/2007

Electronic Signature of Signing Officer or Director

Date