


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State


DOCUMENT # L05000103355

1. Entity Name
JESUS IS MY HELPER, LLC



| | |
|--|--|
| Principal Place of Business 1650 NW 128 DR #108 SUNRISE, FL 33323 | Mailing Address 1650 NW 128 DR #108 SUNRISE, FL 33323 |
|--|--|

DO NOT WRITE IN THIS SPACE



04132008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-3746944 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SALERND, MAYERLINE D
 1650 NW 128 DR #108
 SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DUBUC, AUGUSTO 1650 NW 128 DR #108 SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DE DUBUC, ESTHELA 1650 NW 128 DR #108 SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SALERNO, MAYERLINE D 1650 NW 128 DR #108 SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000946700
 05/30/08-80057-012 138.75

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mayerline Salerno* 4/30/07 954-5886829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #