2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N00000000492

Entity Name: HEALTH AND EDUCATIONAL RELIEF FOR GUYANA, INC.

Current Principal Place of Business:

245-07 FRANCES LEWIS BLVD.
ROSEDALE, NY 11422

New Principal Place of Business:

Current Mailing Address:

245-07 FRANCES LEWIS BLVD
ROSEDALE, NY 11422

New Mailing Address:

FEI Number: 31-1719181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMPSON, WAYNE
1605 GROVELAND HILLS DR
TALLAHASSEE, FL 32317 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:	SAMPSON, WAYNE	
Address:	1605 GROVELAND HILLS DR	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	D	( ) Delete
Name:	MITCHELL, JOHN	
Address:	245-07 FRANCES LEWIS BLVD.	
City-St-Zip:	ROSEDALE, NY 11422	
Title:	D	( ) Delete
Name:	ADRIAN, TYNDALL M.D.	
Address:	1072 LINCOLN PL	
City-St-Zip:	BROOKLYN, NY 11213	
Title:	SD	( ) Delete
Name:	WAN, MICHELLE	
Address:	1381 CROSS CREEK LN	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	CORT, KENRICK	
Address:	883 FLATBUSH AVE	
City-St-Zip:	BROOKLYN, NY 11226	
Title:	TD	( ) Delete
Name:	OUDREK, COLLIE M.D.	
Address:	1072 LINCOLN PLACE	
City-St-Zip:	BROOKLYN, NY 11213	

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

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE SAMPSON PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date