

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004300

FILED  
May 01, 2006  
Secretary of State

Entity Name: HELP FOR THE HURTING, INC.

## Current Principal Place of Business:

3349 N UNIVERSITY DRIVE  
4  
DAVIE, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

POBOX350095  
FT LAUDERDALE, FL 33335

## New Mailing Address:

FEI Number: 65-1022561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

AHMAD, MALIK DR.  
2000 NORTH 36 AVE  
HOLLYWOOD, FL 33021      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: AHMAD, MALIK DR.  
Address: 2000 NORTH 36 AVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D      ( ) Delete  
Name: TCHIVIDJIAN, ANGHEL  
Address: 600 N BIRCH ROAD #403  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D      ( ) Delete  
Name: LA TOUCH, DENISE  
Address: 11781 HATCHER CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: D      ( ) Delete  
Name: POWELL, PAMELA  
Address: 340 SW 19TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 333152118

## 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:

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: MALIK AHMAD

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date