2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004
Secretary of State

DOCUMENT# N01000001808

Entity Name: SHESGOTHELP.COM INC

Current Principal Place of Business:

6641 12TH AVENUE NORTH
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

PO BOX 40552
ST PETERSBURG, FL 337430552

New Mailing Address:

FEI Number: 59-3709970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHISZAR, DOUGLAS
6641 12TH AVENUE NORTH
ST PETERSBURG, FL 33710 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: PD ( ) Delete
Name: CHIZAR, DOUGLAS
Address: 6641 12TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: D ( ) Delete
Name: CHISZAR, DEBORAH
Address: 6641 12TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: D ( ) Delete
Name: CHIZAR, BLAKE
Address: 6641 12TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHISZAR, DOUGLAS
Address: 6641 12TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

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

Title: D (X) Change ( ) Addition
Name: CHISZAR, BLAKE
Address: 6641 12TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS CHISZAR PD 06/03/2004

Electronic Signature of Signing Officer or Director — Date