

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005616

FILED  
Jan 08, 2005  
Secretary of State

**Entity Name:** HELPING YOUNG AMERICANS INC.

**Current Principal Place of Business:**

P.O. BOX 5100  
MARCO ISLAND, FL 341465100

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5100  
MARCO ISLAND, FL 341465100

**New Mailing Address:**

**FEI Number:** 59-3743185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLSON, ROBERT  
900 MONTEGO COURT  
MARCO ISLAND, FL 34146 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: D ( ) Delete  
Name: OLSON, BOB  
Address: 900 MONTEGO COURT  
City-St-Zip: MARCO ISLAND, FL 34146

Title: D ( ) Delete  
Name: SHORT, JON  
Address: 5100 S.W. 20TH AVE.  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: BIGGS, ROBERT  
Address: PO BOX 5100  
City-St-Zip: MARCO ISLAND, FL 34146

**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:

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: ROBERT OLSON

MR.

01/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date