

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005875

FILED
Feb 13, 2007
Secretary of State

Entity Name: MEDICAL HELP INTERNATIONAL, INC.

Current Principal Place of Business:

659 SW 167 WAY
HOLLYWOOD, FL 33027

New Principal Place of Business:

1917 TYNDALL DRIVE
PANAMA CITY, FL 32401

Current Mailing Address:

659 SW 167 WAY
HOLLYWOOD, FL 33027

New Mailing Address:

4475 CADIZ ROAD
HOPKINSVILLE, KY 42240

FEI Number: 59-3734922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, H.C.
659 SW 167 WAY
HOLLYWOOD, FL 33027 US

Name and Address of New Registered Agent:

ETHERIDGE, SHARRON
1917 TYNDALL DRIVE
PANAMA CITY, FL 32401 US

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: SHARRON ETHERIDGE

02/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, H.C.
Address: 659 SW 167 WAY
City-St-Zip: HOLLYWOOD, FL 33027

Title: V () Delete
Name: ALLEN, ROBIN
Address: 659 SW 167 WAY
City-St-Zip: HOLLYWOOD, FL 33027

Title: D () Delete
Name: COLEMAN, WAYNE
Address: 1741 STRATFORD VIEW DR.
City-St-Zip: BLACKSBURG, VA 24060

Title: D () Delete
Name: COLEMAN, BETTY
Address: 1741 STRATFORD VIEW DR.
City-St-Zip: BLACKSBURG, VA 24060

Title: D () Delete
Name: GRAFE, GWYN
Address: 6895 RIVER ISLAND CIR
City-St-Zip: BUFORD, GA 30518

Title: V (X) Delete
Name: ALLEN, ROBIN P
Address: 659 SW 167 WAY
City-St-Zip: HOLLYWOOD, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: BRYAN, MILDRED
Address: 4475 CADIZ ROAD
City-St-Zip: HOPKINSVILLE, KY 42240

Title: S (X) Change () Addition
Name: HARRIS, PATRICIA
Address: 314 DEERWOOD DRIVE
City-St-Zip: HOPKINSVILLE, KY 42240

Title: T (X) Change () Addition
Name: BOZYNSKI, JACKIE
Address: 246 RED CORAL LANE
City-St-Zip: CADIZ, KY 42211

Title: V (X) Change () Addition
Name: TAYLOR, CRISTA
Address: 502B CUTTY TRAIL
City-St-Zip: AUSTIN, TX 78734

Title: D (X) Change () Addition
Name: ANGELIA, TRANSUE
Address: 901 OAKGROVE ROAD
City-St-Zip: DAHLONEGA, GA 30533

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: PATRICIA HARRIS

S

02/13/2007

Electronic Signature of Signing Officer or Director

Date