

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004077

FILED  
Apr 23, 2006  
Secretary of State

Entity Name: HELPING HURTING WOMEN HEAL INC.

**Current Principal Place of Business:**

900 N W 84TH STREET  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

900 N W 84TH STREET  
MIAMI, FL 33150

**New Mailing Address:**

FEI Number: 01-0708296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATHIS, CAMILLA  
900 N W 84TH STREET  
MIAMI, FL 33150 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: MATHIS, CAMILLA  
Address: 900 N W 84TH STREET  
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete  
Name: JONES, WILLIE J  
Address: 2261 N W 58TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: VD ( ) Delete  
Name: MATHIA, RONDREA D  
Address: 900 NW 84 ST  
City-St-Zip: MIAMI, FL 33150

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VD (X) Change ( ) Addition  
Name: MATHIS, RONDREA D  
Address: 900 NW 84 ST  
City-St-Zip: MIAMI, FL 33150

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: CAMILLA F. MATHIS

PD

04/23/2006

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

\_\_\_\_\_  
Date