


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90209 023 \*\*\*\*61.25

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<b>DOCUMENT # N02000005325</b>					
1. Entity Name HELP YOUR NEIGHBOR, INC.					
Principal Place of Business <del>4524 CURRY FORD ROAD STE 211</del> <del>ORLANDO, FL 32812</del>			Mailing Address <del>4524 CURRY FORD ROAD STE 211</del> <del>ORLANDO, FL 32812</del>		
2. Principal Place of Business 636 22 <sup>nd</sup> St. Suite, Apt. #, etc.		3. Mailing Address 636 22 <sup>nd</sup> St. Suite, Apt. #, etc.		04152005 Chg-NP CR2E037 (10/03)	
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number <del>27-0000907</del> 65-1218277 Applied For Not Applicable	
Zip 32805	Country USA	Zip 32805	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, LUANNE <del>4524 CURRY FORD ROAD STE 211</del> <del>ORLANDO, FL 32812</del>				7. Name and Address of New Registered Agent Name: Anderson, LuAnne Street Address (P.O. Box Number is Not Acceptable) 636 22 <sup>nd</sup> St. City: Orlando FL Zip Code: 32805	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>LuAnne Anderson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: * 4-19-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, LUANNE 4524 CURRY FORD ROAD STE 211 ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Anderson, LuAnne 636 22 <sup>nd</sup> St. Orlando, FL 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, DONALD 4524 CURRY FORD ROAD STE 211 ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Miller, Donald 636 22 <sup>nd</sup> St. Orlando, FL 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOON, DEBORAH 4524 CURRY FORD ROAD STE 211 ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Moon, Deborah 636 22 <sup>nd</sup> St. Orlando, FL 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DAVID 4524 CURRY FORD ROAD STE 211 ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Taylor, David 636 22 <sup>nd</sup> St. Orlando, FL 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: * <i>LuAnne Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				* 4-19-05 * 407-8721418 <small>Date Daytime Phone #</small>	