

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007138

FILED  
Apr 23, 2011  
Secretary of State

**Entity Name:** HELP GIVE THE DEVIL A NERVOUS BREAKDOWN, INC.

**Current Principal Place of Business:**

5212 EGGLESTON AVE.  
#512  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

5212 EGGLESTON AVE.  
#512  
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number:** 42-1556347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAFT, KENNETH H CPA  
2699 LEE ROAD  
#430  
WINTER PARK, FL 32789 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: P  
Name: CAYWOOD, CALEB  
Address: 5212 EGGLESTON AVE., #512  
City-St-Zip: ORLANDO, FL 32810

Title: VP  
Name: MOORE, DOUG  
Address: 452 ROCKY BROOK CT  
City-St-Zip: CASSELBERRY, FL 32702

Title: D  
Name: RYPER, OLGA S  
Address: 3000 COTTAGE GROVE COURT  
City-St-Zip: ORLANDO, FL 32822

I hereby 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 all other like empowered.

SIGNATURE: CALEB CAYWOOD

PRES

04/23/2011

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

\_\_\_\_\_  
Date