2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007625

Entity Name: H.E.L.P. O.U.T. INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 169 BURGER ST. MANCHESTER, TN 37355 **Current Mailing Address: New Mailing Address:** 169 BURGER ST MANCHESTER, TN 37355 FEI Number: 55-0812962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TERRELL, BILLY D 169 BURGER ST MANCHESTER, FL 37355 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TERRELL, BILLY D Name: Name: Address: 169 BURGER ST Address: City-St-Zip: MANCHESTER, TN 37355 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: TERRELL, SHERRIE L Name: Address: 169 BURGER ST Address: City-St-Zip: MANCHESTER, TN 37355 City-St-Zip: Title: () Delete Title: () Change () Addition BURDESHAW, JOHN E Name: Name: 301 S.W. 21ST ST. Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: Title: () Delete Title: () Change () Addition WATFORD, DOWLING Name: Name: Address: 701 N.E. 51ST ST. Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: Title: Title:

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHERRIE L. TERRELL VD 05/01/2008

() Delete

DAWSON, JAMES R

OKEECHOBEE, FL 34973

PO BOX 3145

Name:

Address:

City-St-Zip:

() Change () Addition