2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000447

Name: Address:

City-St-Zip:

8 TOURNAMENT WAY

PALM BEACH GARDENS, FL 33418

Apr 27, 2007 Secretary of State

Entity Name: C.A.R.E.S. HELPS INC. **Current Principal Place of Business: New Principal Place of Business:** 321 NORTH LAKE BLVD 102 NORTH PALM BEACH, FL 33408 **New Mailing Address: Current Mailing Address:** 321 NORTH LAKE BLVD NORTH PALM BEACH, FL 33408 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALLICK, MITCHELL E 8568 NW 28TH COURT CORAL SPRINGS, FL 33065 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: () Change () Addition () Delete WALLICK, MITCHELL E Name: Name: Address: 8568 NW 28TH COURT Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WALLICK, AIMEE E Name: Address: 8568 NW 28TH COURT Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition NAVERSEN, SUSAN

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: WALLICK, MITCHELL E. D 04/27/2007