## FILED

2006 NOT-FOR-PROFIT CORPORANNUAL REPORT	ATION	Mar 15, 2006 8:00 ar Secretary of State		
DOCUMENT # N0300005868  1. Entity Name H.E.L.P. ANIMALS, INC.		03-15-2006 90109 048 ****70.00		

				TIE!						
Principal Place of Business 193 CEDAR AVENUE 193 CEDAR AVENUE 0RANGE CITY, FL 32763  Mailing Address 193 CEDAR AVENUE 0RANGE CITY, FL 32763						50002	671			
2. Principal P	face of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01	152006	Chg-NP	CR2E	037 (11/05)		
City & State	9	City & State		4. 1	4. FEI Number         Applied For           86-1073710         Not Applicable					
Zip	Country	Žip	Country		Certificate of	Status Desired	X	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. 1	lame and A	ddress of New	Registere	i Agent		
CROZIER,	CHERVI		Name							
193 CEDA	R AVENUE CITY, FL 32763		Street	Street Address (P.O. Box Number is Not Acceptable)						
	``		City				F	Zip Cod	Je	
9 The shows	named entity submits this statement fo	the numese of changing it	s registered office (	r registered an	ent or both	in the State of	•	<del></del> 1	and accept	
	tions of registered agent.	s are perposed or orizing ing	o rogiotoroa amos t	, rogiotorou ag	J. 11, J. J. J. 11	, 0,0 0				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signs	ture required when n	sinstating)		DATE		<del>,,,</del>	
		<del></del>	<del></del>			<del></del>				
ļ	Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Cam			_		1			_	
	9				00 May Be id to Fees			ck <del>payable</del> t artment of S		
10.	Due by May 1, 2006 OFFICERS AND DIE	Trust Fund		Adde ADDIT	d to Fees		orida Dep	DIRECTORS IN	tate	
TITLE	Due by May 1, 2006  OFFICERS AND DIF	Trust Fund	Contribution.  11.  TIFLE	ADDIT	d to Fees	NGES TO OFFIC	DERS AND I	artment of S	tate	
	Due by May 1, 2006 OFFICERS AND DIE	Trust Fund	Contribution.	ADDIT	d to Fees	NGES TO OFFIC	DERS AND I	DIRECTORS IN	tate	
TITLE NAME	Due by May 1, 2006  OFFICERS AND DIF  D BALLASY, PETER	Trust Fund	11. ITTLE NAME	Adde	IONS/CHAI	FINGES TO OFFICE  FOR TO SIGN  740514	DERS AND I	DIRECTORS IN Change	N 10  Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Due by May 1, 2006  OFFICERS AND DIF  D BALLASY, PETER 474 EAST OAKWOOD AVENUE ORANGE CITY, FL 32763 TD	Trust Fund	Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Adde	IONS/CHAI	FINGES TO OFFICE  FOR TO SIGN  740514	DERS AND I	DIRECTORS IN Change	N 10  Addition	
TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME	Due by May 1, 2006  OFFICERS AND DIF  D BALLASY, PETER 474 EAST OAKWOOD AVENUE ORANGE CITY, FL 32763  TD CROZIER, CHERYL	Trust Fund	Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Adde	IONS/CHAI GILI BOX ANGE CRAIN	NGES TO OFFIC	DERS AND I	DIRECTORS IN Change	N 10  Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Due by May 1, 2006  OFFICERS AND DIF  D BALLASY, PETER 474 EAST OAKWOOD AVENUE ORANGE CITY, FL 32763 TD	Trust Fund	Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D J U D Y P O R O R O P O P O P O P O P O P O P O	do Fees  IONS/CHAI  GILI  BOX  ANGE  ZRAÍNI  BOX	FINGES TO OFFICE  740514  C174,  E ORT  740514	ERS AND	artment of S DIRECTORS IN Change  32763 Change	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DIF  D BALLASY, PETER 474 EAST OAKWOOD AVENUE ORANGE CITY, FL 32763  TD CROZIER, CHERYL 193 CEDAR AVENUE	Trust Fund	Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	D J U D Y P O R O R O P O P O P O P O P O P O P O	do Fees  IONS/CHAI  GILI  BOX  ANGE  ZRAÍNI  BOX	FINGES TO OFFICE  THO 514  CITY,  ORT	ERS AND	artment of S DIRECTORS IN Change  32763 Change	N 10  Addition  Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006  OFFICERS AND DIE  BALLASY, PETER 474 EAST OAKWOOD AVENUE ORANGE CITY, FL 32763  TD CROZIER, CHERYL 193 CEDAR AVENUE ORANGE CITY, FL 32763  D JOHNSON, JUNE	Trust Fund  RECTORS  Delete	Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	D J U D Y P O R O R O P O P O P O P O P O P O P O	do Fees  IONS/CHAI  GILI  BOX  ANGE  ZRAÍNI  BOX	FINGES TO OFFICE  740514  C174,  E ORT  740514	ERS AND	32763	tate  V 10  (2) Addition  (2) Addition	
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TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Due by May 1, 2006  OFFICERS AND DIE  D BALLASY, PETER 474 EAST OAKWOOD AVENUE ORANGE CITY, FL 32763  TD CROZIER, CHERYL 193 CEDAR AVENUE ORANGE CITY, FL 32763  D JOHNSON, JUNE 1550 WEST 17TH STREET ORANGE CITY, FL 32763  PD WACHTER, NANCY 193 CEDAR AVENUE ORANGE CITY, FL 32763	Trust Fund  RECTORS  Delete  Delete  Delete	CONTribution.  11.  ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J U D Y P O R O R O P O P O P O P O P O P O P O	do Fees  IONS/CHAI  GILI  BOX  ANGE  ZRAÍNI  BOX	FINGES TO OFFICE  740514  C174,  E ORT  740514	ERS AND	Change   Change   32763   Change   Ch	Addition  Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SIGNATURE AND TYPED ON PRINTED HAND OF SIGNATURE OF DISCOURSE OR DISCOURSE 3-/3-06 386-479-9700 Date Daytime Phone #