## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 20, 2007 8:00 am Secretary of State

DOCUMENT # N03000005868  1. Entity Name H.E.L.P. ANIMALS, INC.				02	-20-2007 90055	031 ****	/0.00
193 CEDAR AVENUE 19		Mailing Address 193 CEDAR AVENUE ORANGE CITY, FL 32					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082007 Chg	-NP CR2EC	037 (12/06)	
City & State		City & State		4. FEI Number 86-1073710		<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of State	us Desired 💢	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Addre	ss of New Registered	Agent	
CROZIER			Street Addre	is (P.O. Box Number is Not Acceptable)			
193 CEDAR AVENUE ORANGE CITY, FL 32763							
			City		F!	Zip Cod	le
	named entity submits this statement for	or the purpose of changing i	its registered office or regi	istered agent, or both, in th			and accept
the obligat	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agen	A Company of the Comp	- <del></del>				
j , .	Signature, typed or printed harne or registered agen	Eand to a rapplicable. (N	OTE: Registered Agent signature rec	quired when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election C	OTE: Registered Agent signature rec	\$5.00 May Be Added to Fees		ck payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2007	9. Election C Trust Fund	Eampeign Financing	\$5.00 May Be	Make chec Florida Depa	ck payable to extreent of S	tate I 10
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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: CHERYL CROZIER CALLY SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTION 2-17-07 386-479-9700 Daytime Phone #