2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# N04000002033

Entity Name: ALL HELP COMMUNITY SERVICES INC.

Current Principal Place of Business:

14026 PADDOCK DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

14026 PADDOCK DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-2099898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EXCELLENT, CLAUDETTE
220 SOUTH DIXIE HWY.
LAKE WORTH, FL 33460 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: C ( ) Delete
Name: GIBBONS, ELSA
Address: 1124 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T ( ) Delete
Name: THEODAD, TANYA
Address: 14026 PADDOCK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete
Name: KERSAINT, ROSE
Address: 14026 PADDOCK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: PCEO ( ) Delete
Name: EXCELLENT, CLAUDETTE
Address: 14026 PADDOCK DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BALLATIER, ANNE
Address: 14026 PADDOCK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CLAUDETTE EXCELLENT CEO 02/06/2006

Electronic Signature of Signing Officer or Director — Date