2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2007
Secretary of State

DOCUMENT# N04000009542

Entity Name: HELPINGYOUHELP, INC.

Current Principal Place of Business:

6121 SW 42ND COURT
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6005 STIRLING RD
PMB 53
DAVIE, FL 33314

New Mailing Address:

FEI Number: 20-1750032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARP, CHRISTOPHER C ESQ
300 LAS OLAS PLACE SUITE 850
300 SE SECOND STREET
FORT LAUDERDALE, FL 33301 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: ED ( ) Delete
Name: PIERCE, KAROL S
Address: 3121 SW 42ND CT
City-St-Zip: DAVIE, FL 33314

Title: LD ( ) Delete
Name: SHARP, CHRISTOPHER C ESQ
Address: 300 SE 2ND ST
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PRD ( ) Delete
Name: DOMBROSKI, PAUL A
Address: 6121 SW 42ND CT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: E.D. (X) Change ( ) Addition
Name: PIERCE, KAROL S
Address: 6121 SW 42ND CT
City-St-Zip: DAVIE, FL 33314

Title: L.D. (X) Change ( ) Addition
Name: SHARP, CHRISTOPHER C ESQ
Address: 300 SE 2ND ST
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PR.D (X) Change ( ) Addition
Name: DOMBROSKI, PAUL A
Address: 6121 SW 42ND CT
City-St-Zip: DAVIE, FL 33314

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: KAROL S. PIERCE E.D. 01/20/2007

Electronic Signature of Signing Officer or Director — Date