2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009542

Entity Name: HELPINGYOUHELP, INC.

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6121 SW 42ND COURT DAVIE, FL 33314

Current Mailing Address: New Mailing Address:

6005 STIRLING RD 6121 SW 42ND COURT PMB 53 DAVIE, FL 33314

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHARP, CHRISTOPHER C ESQ 300 LAS OLAS PLACE SUITE 850 300 SE SECOND STREET FORT LAUDERDALE, FL 33301 US SHARP, CHRISTOPHER C ESQ 7350 NW 5TH ST. PLANTATION, FL 33317 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: 01/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: E.D. () Delete Title: () Change () Addition Name: PIERCE, KAROL S Name:

 Name:
 PIERCE, KAROL S
 Name:

 Address:
 6121 SW 42ND CT
 Address:

 City-St-Zip:
 DAVIE, FL 33314
 City-St-Zip:

Title: L.D. () Delete Title: L.D. (X) Change () Addition Name: SHARP, CHRISTOPHER C ESQ Name: SHARP, CHRISTOPHER C ESQ Address: 300 SE 2ND ST Address: 7350 NW 5TH ST

Address: 300 SE 2ND ST Address: 7350 NW 5TH ST City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: PLANTATION, FL 33317

Title: PR.D () Delete Title: () Change () Addition Name: DOMBROSKI, PAUL A Name:

 Name:
 DOMBROSKİ, PAUL A
 Name:

 Address:
 6121 SW 42ND CT
 Address:

 City-St-Zip:
 DAVIE, FL 33314
 City-St-Zip:

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.

SIGNATURE: KAROL S. PIERCE E.D. 01/21/2008