

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90195 015 \*\*\*\*61.25

<b>DOCUMENT # N04000010047</b> 1. Entity Name <b>HELP ADOPT LITTLE ONES, INC.</b>					
Principal Place of Business 19185 MW 13TH ST. PEMBROKE PINES, FL 33029				Mailing Address 19185 MW 13TH ST. PEMBROKE PINES, FL 33029	
2. Principal Place of Business <b>19185 NW 13TH ST.</b>		3. Mailing Address <b>19185 NW 13TH ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Pembroke Pines FL</b>		City & State <b>Pembroke Pines FL</b>		4. FEI Number <b>35-2240576</b>	
Zip <b>33029</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>EDE, DOUGLAS E</b> <b>6333 SUNSET DR.</b> <b>SOUTH MIAMI, FL 33143</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOLO, EDWARD J</b> <b>19185 MW 13TH ST.</b> <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOLO, LAURIE A</b> <b>19185 MW 13TH ST.</b> <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOLO, EDWARD J.</b> <b>19185 NW 13TH ST.</b> <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOLO, LAURIE A</b> <b>1918 NW 13TH ST.</b> <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOLO, EDWARD J.</b> <b>19185 NW 13TH ST.</b> <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOLO, LAURIE A</b> <b>1918 NW 13TH ST.</b> <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>7/7/05</b>					
Daytime Phone #: <b>954/295-6684</b>					