

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004657

FILED
Apr 22, 2006
Secretary of State

Entity Name: HELP DISABLED VETERANS CORPORATION

Current Principal Place of Business:

105 2ND AVE
ST PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

105 2ND AVE
ST PETE BEACH, FL 33706

New Mailing Address:

FEI Number: 20-2879828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITWINETZ, JOHN A
105 2ND AVE
ST PETE BEACH, FL 33706 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/D () Delete
Name: LITWINETZ, JOHN A
Address: 105 2ND AVE
City-St-Zip: ST PETE BEACH, FL 33706

Title: D () Delete
Name: TURNBULL, CHERY;
Address: 6830 BAY ST
City-St-Zip: ST PETE BEACH, FL 33706

Title: D () Delete
Name: LUTZKA, CARL
Address: 3097 BASELINE RD
City-St-Zip: GOBLES, MI 490558832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN A. LITWINETZ

MR.

04/22/2006

Electronic Signature of Signing Officer or Director

Date