

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 15, 2007**  
**Secretary of State**

DOCUMENT# N05000006030

Entity Name: LET'S HELP, INC.

**Current Principal Place of Business:**1289 W 35TH STREET  
RIVERA BCH, FL 33404 US**New Principal Place of Business:**621 43RD STREET  
WEST PALM BEACH, FL 33407 US**Current Mailing Address:**PO BOX 530983  
LAKE PARK, FL 33402 US**New Mailing Address:**PO BOX 1173  
WEST PALM BEACH, FL 33402 US

FEI Number: 20-3028937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**JONES, ANDREW  
2861 NW 9TH STREET  
POMPANO, FL 33069 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: DT ( ) Delete  
Name: JONES, ANDREW  
Address: 2861 NW 9TH ST  
City-St-Zip: POMPANO, FL 33069 USTitle: PD ( ) Delete  
Name: HAYLES, ALICIA T  
Address: 624 43RD STREET  
City-St-Zip: WEST PALM BEACH, FL 33407Title: CD ( ) Delete  
Name: LINDSEY, LONIE  
Address: 1289 W. 35TH STREET  
City-St-Zip: RIVIERA BEACH, FL 33404Title: S ( ) Delete  
Name: SMITH, TASHA  
Address: 5865 HAVERHILL N  
City-St-Zip: WEST PALM BEACH, FL 33407Title: T ( ) Delete  
Name: BROWN, MOSES J  
Address: 1011 INDIAN TRACE  
City-St-Zip: WEST PALM BEACH, FL 33407 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: EDT (X) Change ( ) Addition  
Name: SMITH-BARNES, DENISE M  
Address: PO BOX 1173  
City-St-Zip: WEST PALM BEACH, FL 33407 USTitle: AA (X) Change ( ) Addition  
Name: JONES, ANDREW  
Address: 2861 NW 9TH STREET  
City-St-Zip: POMPANO, FL 33069Title: CD (X) Change ( ) Addition  
Name: HAYLES, ALICIA T  
Address: 624 43RD STREET  
City-St-Zip: WEST PALM BEACH, FL 33407Title: ( ) 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 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: DSB

EDT

06/15/2007

Electronic Signature of Signing Officer or Director

Date