

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006030

FILED
May 05, 2008
Secretary of State

Entity Name: LET'S HELP, INC.

Current Principal Place of Business:

621 43RD STREET
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1173
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 20-3028937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: EDT () Delete
Name: SMITH-BARNES, DENISE M
Address: PO BOX 1173
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: AA () Delete
Name: JONES, ANDREW
Address: 2861 NW 9TH STREET
City-St-Zip: POMPANO, FL 33069

Title: CD () Delete
Name: HAYLES, ALICIA T
Address: 624 43RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S () Delete
Name: SMITH, TASHA
Address: 5865 HAVERHILL N
City-St-Zip: WEST PALM BEACH, FL 33407

Title: 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 33402 US

Title: AA (X) Change () Addition
Name: HAYLES, ADOLPHUS A
Address: 624 43RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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 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: DENISE M SMITH-BARNES

EDT

05/05/2008

Electronic Signature of Signing Officer or Director

Date