2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N05000006217

Entity Name: HELPING INDIVIDUALS SUCCEED, INC.

Current Principal Place of Business:

2940 NW 210 TERRACE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2940 NW 210 TERRACE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 20-3030770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES-PEABODY, BONITA
11501 NW 2ND AVE.
MIAMI, FL 33138 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: DP ( ) Delete
Name: JONES, CHARLIE
Address: 2940 NW 210 TERRACE
City-St-Zip: MIAMI, FL 33056

Title: V ( ) Delete
Name: JONES, HATTIE
Address: 2940 NW 210 TERRACE
City-St-Zip: MIAMI, FL 33056

Title: T ( ) Delete
Name: CHAMBLISS, MINNIE
Address: 12601 NW 27 AVE #T302
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete
Name: FOREMAN, NADINE
Address: 273 NE 163 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: RABIN, JUNE
Address: 1842 NW 184 TERRACE
City-St-Zip: MIAMI, FL 33029

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: CHARLIE JONES DP 02/20/2009

Electronic Signature of Signing Officer or Director — Date