

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008970

FILED  
Jan 24, 2007  
Secretary of State

**Entity Name:** HELP FROM ABOVE DISASTER RELIEF INC.

**Current Principal Place of Business:**

3444 CYPRESS POINT CIRCLE  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

3444 CYPRESS POINT CIRCLE  
ST. CLOUD, FL 34772

**New Mailing Address:**

**FEI Number:** 03-0568856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAKUCH, ELIZABETH  
3444 CYPRESS POINT CIRCLE  
ST. CLOUD, FL 34772 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: MAKUCH, ELIZABETH  
Address: 3444 CYPRESS POINT CIRCLE  
City-St-Zip: ST. CLOUD, FL 34772

Title: D ( ) Delete  
Name: NEWARK, MARILYN  
Address: 505 W. TROPICANA COURT  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: NEWARK, DANIEL  
Address: 2242 E. IRLO BRONSON  
City-St-Zip: KISSIMMEE, FL 34744

**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: ELIZABETH MAKUCH

DP

01/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date