


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90026 037 ****61.25

DOCUMENT # N05000009199	
1. Entity Name HELP HAITI NOW, INC.	

Principal Place of Business 275 S. MCCALL RD #2 ENGLEWOOD, FL 34223	Mailing Address P.O. BOX 1041 VENICE, FL 34284-1041
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40110814



2. Principal Place of Business - No P.O. Box # 2885 PALM BEACH BLVD #303A		3. Mailing Address P.O. Box 1041	
Suite, Apt. #, etc. #303A		Suite, Apt. #, etc.	
City & State FT. MYERS, FL		City & State VENICE, FL	
Zip 33916	Country LEE	Zip 34284-1041	Country SARASOTA

05082007 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0843574	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent QUIRK, RACHEL A 275 S. MCCALL RD #2 ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIRK, RACHEL A 275 S. MCCALL RD #2 ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2885 PALM BEACH BLVD. #303A FL. Myers, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI JOSEPH, CHILET RUE FRONCK-FOUCHE #98 ST MAR HAITI, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST. MARK, HAITI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPII HICKS, BONNIE S 1000 OXFORD RD ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUIRK, GEORGIA W 700 ARMANDA RD NORTH VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Georgia W. Quirk Treasurer **GEORGIA W. QUIRK** 5-8-07 941-486-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #