2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011512

Entity Name: FORECLOSURE HELP CENTER INC.

FILED Apr 27, 2006 Secretary of State

1596 N. TAMIMI TRAIL, #24 8359 BEACON BLVD N. FT. MYERS, FL 33903 602

FT. MYERS, FL 33907

Current Mailing Address: New Mailing Address:

1596 N. TAMIMI TRAIL, #24 8359 BEACON BLVD
N. FT. MYERS, FL 33903 602
FT. MYERS, FL 33907

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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

ROMERO, MANNY
1596 N. TAMIMI TRAIL, #24
N. FT. MYERS, FL 33903 US
ROMERO, MANNY
1596 N. TAMIAMI TRAIL,
24
N. FT. MYERS, FL 33903 US

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: MANNY ROMERO 04/27/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 ROMERO, MANNY
 Name:

 Address:
 1596 N. TAMIMI TRAIL, #24
 Address:

 City-St-Zip:
 N. FT. MYERS, FL 33903
 City-St-Zip:

Title: VD (X) Delete Title: () Change () Addition

 Name:
 ROLON, ERNESTO
 Name:

 Address:
 123 OAKSIDE ST.
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33936
 City-St-Zip:

Title: TD (X) Delete Title: () Change () Addition

 Name:
 DIAZ, LUIS E
 Name:

 Address:
 3600 BROADWAY #B
 Address:

 City-St-Zip:
 FT. MYERS, FL 33901
 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

 Name:
 VARGAS, DAVID
 Name:

 Address:
 3600 BROADWAY #B
 Address:

 City-St-Zip:
 FT. MYERS, FL 33901
 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: MANNY ROMERO PD 04/27/2006