2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002621

Entity Name: VICTIMS HELPING VICTIMS INC.

FILED May 02, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

811 N 64 TERR 7341 GARFIELD STREET HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 BR **BR**

Current Mailing Address: New Mailing Address:

P.O.BOX 246445

PEMBROKE PINES, FL 33024 BR

FEI Number: 05-0633467 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: Name and Address of New Registered Agent:

CLARKE, LASHON L CLARKE, LASHON L 1000 N.W 38ST 7341 GARFIELD STREET HOLLYWOOD, FL 33024 US OAKLAND PARK, FL 33309 BR 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: 05/02/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CLARKE, LASHON L CLARKE, LASHON L Name: Name:

1000 N.W. 38ST B3 Address: 7341 Address:

City-St-Zip: OAKLAND PARK, FL 33309 BR City-St-Zip: HOLLYWOOD, FL 33024 BR

Title: SEC () Delete Title: () Change () Addition

BOUYER, PATRICIA A Name: Name: Address: 345 N.W 190 ST Address: City-St-Zip: MIAMI, FL 33169 DA City-St-Zip:

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

CARROLL, ADRIANNE Name: COLLINS, LEVI Name: 1000 N.W. 38ST B5 1595 N.E 135 STREET Address: Address: City-St-Zip: City-St-Zip: OAKLAND PARK, FL 33309 BR MIAMI, FL 33181 DA

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

PHILLIPS, LAWERNCE Name: Name: P.O.BOX 625 Address: Address: City-St-Zip: BRONX, NY 10458 NY City-St-Zip:

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

PERRY, JOYCE A JONES, SHAUN A Name: Name: 1221 N.W.75TH AVE 1541 NW 2ND STREET Address: Address: POMPANO, FL 33069 BR City-St-Zip: HOLLYWOOD, FL 33024 BR 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: LAHON PHILLIPS CLARKE **PRES** 05/02/2007

Electronic Signature of Signing Officer or Director

Date