

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000004161

1. Entity Name
HELPING OTHER PEOPLE EAT INC.



Principal Place of Business
**7850 ST. ANDREWS CIRCLE
ORLANDO, FL 32835**

Mailing Address
**7850 ST. ANDREWS CIRCLE
ORLANDO, FL 32835**



07142008 No Chg-NP. CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3175988	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCCLANE, JEFFERSON B
215 E. LIVINGSTON STREET
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KREIGER, ALLISON 6800 BIRD RD #138 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KREIGER, DEBORAH L 7850 ST. ANDREWS CIRCLE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: *Deborah L Kreiger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/08 407-353-5169