

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004161

FILED
Mar 30, 2009
Secretary of State

Entity Name: HELPING OTHER PEOPLE EAT INC.

Current Principal Place of Business:

7850 ST. ANDREWS CIRCLE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7850 ST. ANDREWS CIRCLE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 74-3175988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WALSH, BRIAN M
1020 MINNESOTA AVE #10
WINTER PARK, FL 32789 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: BRIAN M. WALSH, ESQ.

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KREIGER, ALLISON
Address: 6800 BIRD RD #138
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: KREIGER, DEBORAH L
Address: 7850 ST. ANDREWS CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KREIGER, ALLISON
Address: 7850 ST. ANDREWS CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
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: ALLISON KREIGER

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date