2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005050

Entity Name: MISSION TO HELP 1-2-3, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3975 E. MICHIGAN AVENUE FORT MYERS, FL 33905

Current Mailing Address: New Mailing Address:

3975 E. MICHIGAN AVENUE FORT MYERS, FL 33905

FEI Number: 03-0590157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BANKS, TRESHA D 3975 E MICHIGAN AVE FORT MYERS, FL 33905

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WEEKS, JOSEPH WEEKS, JOSEPH Name: Name: Address: PO BOX 7041 Address: PO BOX 7041

City-St-Zip: FORT MYERS, FL 33911 City-St-Zip: FORT MYERS, FL 33911

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

Name: WEEKS, GWENDOLYN Name: Address: 5029 BLUFF ROAD Address: City-St-Zip: COLUMBIA, SC 29209 City-St-Zip:

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

NELSON, TYRONE Name: Name: Address: 1917 TAYLOR ST Address: City-St-Zip: COLUMBIA, SC 29201 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: JOSEPH WEEKS **EXD** 04/26/2007