

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007098

FILED
Apr 29, 2009
Secretary of State

Entity Name: ELDER HELPER, INC.

Current Principal Place of Business:

2699 STIRLING ROAD
SUITE A-301
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

2699 STIRLING ROAD
SUITE A-301
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

TRAPANI, CHRISTOPHER M
C/O KATZ, BARRON, SQUITERO & FAUST
100 N.E. THIRD AVE., SUITE 280
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

TRAPANI, CHRISTOPHER M
6565 TAFT STREET
SUITE 106
HOLLYWOOD, FL 33024 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERGER, TERRY ABRAMS
Address: 2699 STIRLING ROAD, SUITE A-301
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: TRAPANI, CHRISTOPHER M
Address: 100 N.E. THIRD AVE., SUITE 280
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: BERGER, ALBERT
Address: 2699 STIRLING ROAD, SUITE A-301
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: TRAPANI, JENNIFER H
Address: 100 N.E. THIRD AVE., SUITE 280
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TRAPANI, CHRISTOPHER M
Address: 6565 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TRAPANI, JENNIFER H
Address: 6565 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

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: CHRISTOPHER M. TRAPANI

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date