

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007348

FILED
Feb 04, 2008
Secretary of State

Entity Name: CRM HELP CENTER, INC.

Current Principal Place of Business:

715 SW 7TH TERRACE
DANIA BCH, FL 33004

New Principal Place of Business:

Current Mailing Address:

715 SW 7TH TERRACE
DANIA BCH, FL 33004

New Mailing Address:

FEI Number: 26-0630486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINDER COOK, SHIRLEY
4841 NW 1ST STREET
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: COOPER, FONZELI
Address: 819 NW 3 AVE
City-St-Zip: HALLANDALE, FL 33009

Title: VPD () Delete
Name: DELEVOE, HOSEA JR
Address: 2451 NW 27TH AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: SD () Delete
Name: LOVETT, OLGAMAE
Address: 2313 GREENE ST
City-St-Zip: HOLLYWOOD, FL 33056

Title: TD () Delete
Name: PINDER, LORETTA
Address: 19005 NW 22ND AVE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: CAMPBELL, DUANE
Address: 2490 NW 16TH STREET
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COOPER, FONZELL
Address: 819 NW 3 AVE
City-St-Zip: HALLANDALE, FL 33009

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

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

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

Title: D (X) Change () Addition
Name: CAMPBELL, DWAYNE
Address: 2490 NW 16TH STREET
City-St-Zip: FT LAUDERDALE, FL 33311

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: FONZELL COOPER

PD

02/04/2008

Electronic Signature of Signing Officer or Director

Date