


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N10735 1. Entity Name ASSISTING COMMUNITIES TOWARD SELF-HELP, INC.	
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Principal Place of Business 516 DELANNOY AVE COCOA, FL 32922 US	Mailing Address P.O. BOX 3767 COCOA, FL 32924-3767 US
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DO NOT WRITE IN THIS SPACE

01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2647607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KIRSCHENBAUM, MALCOLM R 516 DELANNOY AVE COCOA, FL 32922	DO NOT WRITE IN THIS SPACE
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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.

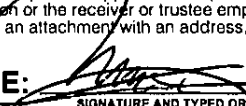
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000911378 05/07/08-80038-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRSCHENBAUM, MALCOLM R 516 DELANNOY AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIDOMENICO, PATRICK E 516 DELANNOY AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERCOLANO, LORRAINE 516 DELANNOY AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  Malcolm R. Kirschenbaum 4/16/08 391-632-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #