
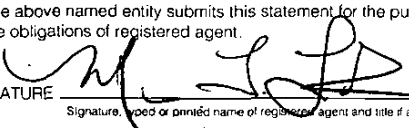
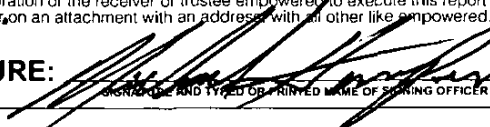


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90002 027 \*\*\*\*61.25

<b>DOCUMENT # N13488</b> 1. Entity Name PROJECT HELP, INC.																																																																																																																																																					
Principal Place of Business 850 CENTRAL AVE #201 NAPLES, FL 34102 US			Mailing Address 850 CENTRAL AVE #201 NAPLES, FL 34102 US																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 59-2655969																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent  BROTHERS, KAREN 850 CENTRAL AVE #201 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name <u>Maria LaRocco</u> Street Address (P.O. Box Number is Not Acceptable) <u>850 Central Ave. #201</u> City <u>Naples FL</u> City <u>FL</u> Zip Code <u>34102</u>																																																																																																																																																	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <u>Executive Director</u>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <u>6/12/2007</u>  <small>DATE</small> </div> </div>																																																																																																																																																					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																																																	
<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																																																																					
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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 an other like empowered.																																																																																																																																																					
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<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>12 Jun 07</u> Daytime Phone # <u>239-436-5449</u>																																																																																																																																																	