

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31691

FILED
Apr 13, 2006
Secretary of State

Entity Name: HELP THE HANDICAPPED, INC.

Current Principal Place of Business:

P.O. BOX #1114
LAKELAND, FL 338021114

New Principal Place of Business:

Current Mailing Address:

P.O. BOX #1114
LAKELAND, FL 338021114

New Mailing Address:

FEI Number: 59-2945631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOEDICKER, GEORGE ROBERT
8522 NO CAMBELLRD
LAKELAND, FL 33810 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: BOEDICKER, GEORGE RO, BERT
Address: P.O. BOX 1114 N/A
City-St-Zip: LAKELAND, FL

Title: TD () Delete
Name: MCCLOUD, LORENZO,
Address: P.O BOX 482 N/A
City-St-Zip: BARTOW,, FL

Title: SD () Delete
Name: LAWRENCE, ANDREW
Address: 1910 HAMILTON STREET E.
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE ROBT. BOEDICKER

PD

04/13/2006

Electronic Signature of Signing Officer or Director

Date