

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39948

FILED
Mar 23, 2006
Secretary of State

Entity Name: HPS, HELPING PEOPLE SUCCEED FOUNDATION, INC.

Current Principal Place of Business:

1650 SOUTH KANNER HIGHWAY
STUART, FL 34995

New Principal Place of Business:

1650 SOUTH KANNER HIGHWAY
STUART, FL 34994

Current Mailing Address:

P.O. BOX 597
STUART, FL 34995

New Mailing Address:

FEI Number: 65-0264765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUTCHESON, SUZANNE
1650 SOUTH KANNER HIGHWAY
STUART, FL 34995 US

Name and Address of New Registered Agent:

HUTCHESON, SUZANNE
1650 SOUTH KANNER HIGHWAY
STUART, FL 34994 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:

03/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PRINZ, BETH
Address: 815 COLORADO AVENUE, STE. 103
City-St-Zip: STUART, FL 34994

Title: VCD () Delete
Name: LOTT, RICHARD
Address: 1450 CENTREPARK BLVD. #300
City-St-Zip: WEST PALM BEACH, FL 33401

Title: CD () Delete
Name: BOVIE, GEORGE F
Address: 555 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

Title: TD () Delete
Name: HUDSON, DENNIS S III
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: HUTCHESON, SUZANNE
Address: 1650 S. KANNER HWY
City-St-Zip: STUART, FL 34994

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:

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: SUZANNE HUTCHESON

PD

03/23/2006

Electronic Signature of Signing Officer or Director

Date