


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90835 021 ****61.25

DOCUMENT # N93000002862 1. Entity Name MOTHERS HELPING MOTHERS, INC.	
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Principal Place of Business 2262 WASHINGTON BLVD SARASOTA, FL 34237 US	Mailing Address P O BOX 342 SARASOTA, FL 34230-0342 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDREWS, ANN M
3005 BETTY DR
SARASOTA, FL 34232

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WARD, PATRICIA 2417 ASPINWALL ST. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ANDREWS, ANN 3005 BETTY DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP STOTTLEMYER, TERRY 65 EAST RD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BROGAN, MADELINE 4606 TRAILS DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUDELE, LOUISE 984 INDIAN BEACH DR SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, RUTH 3304 TANGLEWOOD DR. SARASOTA, FL 34239

**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: LOUISE BRUDELE 4/27/07 941 9543300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #