2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # N95000004109 WORLD HELP INTERNATIONAL, INC. Principal Place of Business Mailing Address 2254 N.W. 81 TERR SUNRISE FL 33322 2254 N.W. 81 TERR SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0282742 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUNK, ARTHUR JR Street Address (P.O. Box Number is Not Acceptable) 2254 N.W. 81 TERR SUNRISE FL 33322 Zip Code 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 tille if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Due By May 1, 2005 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. THILE TITLE Addition Delete DUNK, ARTHUR JR NAME U000000320753 2254 N.W. 81 TERR STREET ADDRESS STREET ADDRESS 04/21/05-80051-011 61.25 SUNRISE FL 33322 CITY - ST- ZIP CITY-ST-ZIP THUE Delete TIT: F ☐ Change Addition DUNK, COREEN NAME NAME 2254 N.W. 81 TERR STREET ADDRESS STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Change Addition TITLE ☐ Delete NAME BACHELOR, INGRID 5122 NW 43RD AVE. STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ∏ Addition GORDON, CLYDE NAME NAME 11500 N.W. 30 PL STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 CITY-ST-7IP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREE + ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P City-St-7iP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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

ALTHUR DUNK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED