

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001169

FILED
May 02, 2007
Secretary of State

Entity Name: HELPING HEARTS INTERNATIONAL, INC.

Current Principal Place of Business:

8870 TERRENE COURT
102
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

8870 TERRENE COURT
102
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0727059 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOULAS, MICHAEL J PH.D.
8870 TERRENE COURT, SUITE 102
BONITA SPRINGS, FL 34135 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOULAS, MICHAEL J PHD
Address: 8870 TERRENE COURT, SUITE 102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: ALTEME, ALTCHME PASTOR
Address: 3106 BROADWAY AVE.
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: WOULAS, NANCY J L.M.T.
Address: 8870 TERRENE COURT, SUITE 102
City-St-Zip: BONITA SPRINGS, FL 34135

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 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: MICHAEL J. WOULAS

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date