2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001698

Entity Name: FIRST PROJECT HELP, INC.

FILED May 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O REV. THOMAS EALUM 18302 NW SR 12

1657 HWY. 173 BRISTOL, FL 32321 US GRACEVILLE, FL 32440

New Mailing Address: Current Mailing Address:

C/O REV. THOMAS EALUM P.O. BOX 640

1657 HWY. 173 BRISTOL, FL 32321 US GRACEVILLE, FL 32440

FEI Number: 59-3502687 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:

SKINNER, ALBERT SKINNER, ALBERT C/O REV. THOMAS EALUM 1657 HWY. 173 18302 NW SR 12

BRISTOL, FL 32321 US GRACEVILLE, FL 32440 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: 05/12/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SKINNER, ALBERT REV SKINNER, ALBERT REV Name: Name: 1657 HWY 173 Address: 18302 NW SR 12 Address: City-St-Zip: GRACEVILLE, FL 32440 City-St-Zip: BRISTOL, FL 32321 US

Title: VSD () Delete Title: () Change () Addition

Name: EALUM, THOMAS REV Name: Address: 1657 HWY 173 Address: City-St-Zip: GRACEVILLE, FL 32440 City-St-Zip:

Title: () Delete Title: () Change () Addition

SKINNER, HILSON Name: Name: Address: 18302 N.W. S.R.12 Address: City-St-Zip: BRISTOL, FL 32321 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: ALBERT E. SKINNER PD 05/12/2009