

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011901

Entity Name: HELPINGCLICKS.COM, INC.

FILED
Apr 06, 2004
Secretary of State

Current Principal Place of Business:

410 SOUTH WARE BLVD
SUITE 619 F
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

12824 TALLOWOOD DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 65-0997776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAZOR, CHRISTOPHER P
12824 TALLOWOOD DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KAZOR, CHRISTOPHER P
Address: 12824 TALLOWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VPTD () Delete
Name: AUSTIN, MICHAEL S
Address: 1523 BURNING TREE LANE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: SPICER, SCOTT
Address: 2240 EAGLE BLUFF DR
City-St-Zip: BRANDON, FL 33510

Title: VPD () Delete
Name: PEPPER, DONNA L
Address: 1720 ELAK SPRING DRIVE
City-St-Zip: BRANDON, FL 33511

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER KAZOR

PSD

04/06/2004

Electronic Signature of Signing Officer or Director

Date