

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000096713

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** RESIDENTIAL HELP CORPORATION

**Current Principal Place of Business:**

24152 S.W. PETES MOUNTAIN ROAD  
WEST LINN, OR 97068 US

**New Principal Place of Business:**

**Current Mailing Address:**

24152 S.W. PETES MOUNTAIN ROAD  
WEST LINN, OR 97068 US

**New Mailing Address:**

**FEI Number:** 65-1144581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEREK A. SCHWARTZ, P.A.  
4755 TECHNOLOGY WAY  
SUITE 205  
BOCA RATON, FL 33431 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GRANT, BRIAN  
Address: 24152 S.W. PETES MOUNTAIN ROAD  
City-St-Zip: WEST LINN, OR 97068 US

Title: DVTS  
Name: GRANT, GINA  
Address: 24152 S.W. PETES MOUNTAIN ROAD  
City-St-Zip: WEST LINN, OR 97068 US

I hereby 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 all other like empowered.

SIGNATURE: BRIAN GRANT

DP

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date