2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# P03000111079

Entity Name: HELPFUL PRODUCTS DISTRIBUTORS, INC.

Current Principal Place of Business:

13300 NW 97TH AVE
HIALEAH GARDENS, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

4841 WEST 4 AVENUE
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 06-1752094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VEREBAY, LAYNE
888 SE 3RD AVE
SUITE 400
FT LAUDERDALE, FL 33316 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: PD ( ) Delete
Name: DEWITT, DAVID
Address: 13300 NW 97TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: V ( ) Delete
Name: DEWITT, GAIL
Address: 13300 NW 97TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: S ( ) Delete
Name: DEWITT, RONALD
Address: 13300 NW 97TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: T ( ) Delete
Name: DEWITT, JEFFREY
Address: 13300 NW 97TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DEWITT PD 04/14/2008

Electronic Signature of Signing Officer or Director Date