


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90377 042 ***150.00

DOCUMENT # P04000057059	
1. Entity Name ALL THE HELP YOU NEED, INC.	

Principal Place of Business % TERRI BLAH 4720 NW 120TH DRIVE CORAL SPRINGS FL 33076	Mailing Address % TERRI BLAH 4720 NW 120TH DRIVE CORAL SPRINGS FL 33076
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2. Principal Place of Business 4720 NW 120 DR	3. Mailing Address 4720 NW 120 DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS FL	4. FEI Number 56-2453606	Applied For <input type="checkbox"/> Not Applicable
Zip 33076	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLAHA, TERRI 4720 NW 120TH DRIVE CORAL SPRINGS FL 33076	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *TERRI BLAHA* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAHA, TERRI 4720 NW 120TH DRIVE CORAL SPRINGS FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TERRI BLAHA* 4/19/05 954-873-2718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #