# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005**
**Secretary of State**

DOCUMENT# P04000111879

**Entity Name:** ATTORNEY'S HELPLINE, INC.

**Current Principal Place of Business:**

903 W. EMMET STREET
SUITE 2 & 3
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

806 VERONA STREET
SUITE 2B
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

903 W. EMMET STREET
SUITE 2 & 3
KISSIMMEE, FL 34741 US

**New Mailing Address:**

806 VERONA STREET
SUITE 2B
KISSIMMEE, FL 34741 US

**FEI Number: 20-1431485** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

POTEL, ALBERT
1347 AGUACATE COURT
ORLANDO, FL 32837 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: P ( ) Delete
Name: POTEL, ALBERT
Address: 1347 AGUACATE COURT
City-St-Zip: ORLANDO, FL 32837 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ALBERT POTEL P 04/29/2005

Electronic Signature of Signing Officer or Director Date