

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025932

Entity Name: FAMILY HELPERS, INC.

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

280 S. RONALD REAGAN BLVD
SUITE 212
LONGWOOD, FL 32750 US

New Principal Place of Business:

200 SWEETWATER BLVD N
LONGWOOD, FL 32779 US

Current Mailing Address:

200 SWEETWATER BLVD. N
LONGWOOD, FL 32779 US

New Mailing Address:

P.O. BOX 915672
LONGWOOD, FL 32791 US

FEI Number: 20-2411784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: EDGMON, DR. JERI
Address: 200 SWEETWATER BLVD. N
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: EDGMON, DR. JERI
Address: 200 SWEETWATER BLVD. N
City-St-Zip: LONGWOOD, FL 32779

Title: V (X) Delete
Name: DOMINGUEZ, LOURDES
Address: 4732 PARK EDEN CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: S (X) Delete
Name: DOMINGUEZ, LOURDES
Address: 4732 PARK EDEN CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Delete
Name: DOMINGUEZ, LOURDES
Address: 4732 PARK EDEN CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: T (X) Delete
Name: EDGMON, JERIANN
Address: 200 SWEETWATER BLVD N
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDGMON, DR. JERI
Address: P.O. BOX 915672
City-St-Zip: LONGWOOD, FL 32791

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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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 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: JERI EDGMON

P

01/25/2007

Electronic Signature of Signing Officer or Director

Date