

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000019753

1. Entity Name
HELPING ANGELS, INC.



**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90827 030 ***150.00

Principal Place of Business
% KAREN ANDERSON
1511 HANCOCK LANE
PEMBROKE PINES, FL 33026

Mailing Address
% KAREN ANDERSON
1511 HANCOCK LANE
PEMBROKE PINES, FL 33026

2. Principal Place of Business No P.O. Box #
% Karen Anderson

Suite, Apt. #, etc.
1511 Hammock Lane

City & State
Pembroke Pines, FL

Zip 33026 Country USA

3. Mailing Address

% Karen Anderson

Suite, Apt. #, etc.

1511 Hammock Lane

City & State

Pembroke Pines, FL

Zip 33026 Country USA



04242007 Chg-P CR2E034 (12/06)

4. FEI Number

20-4342902

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, KAREN
1511 HANCOCK LANE
PEMBROKE PINES, FL 33026

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME ANDERSON, KAREN
STREET ADDRESS 1511 HANCOCK LANE
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Karen Anderson Karen Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 954322-3167

Date

Daytime Phone #