2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067419

Entity Name: FOR HELP, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1548 LANCASTER TERRACE 4735 SUNBEAM ROAD JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 1548 LANCASTER TERRACE 4735 SUNBEAM ROAD JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32257 FEI Number: 20-4884605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HAY, JONATHAN L HARRELL, WILLIAM H 4735 SUNBEAM ROAD 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32257 US 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: WILLIAM H. HARRELL 04/21/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DAIGLE, JOHN HARRELL, WILLIAM H Name: Name: 9957 MOORINGS DRIVE, #406 4735 SUNBEAM ROAD Address: Address: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: () Delete Title: VΡ () Change (X) Addition Title: Name: Name: HARRELL, RENEE 4735 SUNBEAM ROAD Address: Address: JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete HARRELL, W. HOLT Name: Name: 4735 SUNBEAM ROAD Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: () Change (X) Addition CAPPIELLO, JULIE H Name: Name: Address: Address: 4735 SUNBEAM ROAD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257

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: WILLIAM H. HARRELL D 04/21/2009