2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

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Entity Name: HELP FOR HOMEOWNERS NOW, INC.

Current Principal Place of Business:

6017 PINE RIDGE ROAD #99
NAPLES, FL 34119 US

New Principal Place of Business:

1575 PINE RIDGE ROAD
SUITE 10
NAPLES, FL 34109 US

Current Mailing Address:

6017 PINE RIDGE ROAD #99
NAPLES, FL 34119 US

New Mailing Address:

1575 PINE RIDGE ROAD
SUITE 10
NAPLES, FL 34109 US

FEI Number: 26-3921793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: PVST ( ) Delete
Name: ACCARDI, ALISA
Address: 6017 PINE RIDGE ROAD #99
City-St-Zip: NAPLES, FL 34119 US

Title: D ( ) Delete
Name: ACCARDI, ALISA
Address: 6017 PINE RIDGE ROAD #99
City-St-Zip: NAPLES, FL 34119 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: ACCARDI, ALISA M
Address: 1575 PINE RIDGE ROAD, SUITE 10
City-St-Zip: NAPLES, FL 34109 US

Title: D (X) Change ( ) Addition
Name: ACCARDI, ALISA
Address: 1575 PINE RIDGE ROAD, SUITE 10
City-St-Zip: NAPLES, FL 34109 US

Title: VP ( ) Change (X) Addition
Name: BACARDI, STEVE
Address: 1575 PINE RIDGE ROAD, SUITE 10
City-St-Zip: NAPLES, FL 34109 US

Title: D ( ) Change (X) Addition
Name: BACARDI, STEVE
Address: 1575 PINE RIDGE ROAD, SUITE 10
City-St-Zip: NAPLES, FL 34109 US

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: ALISA M ACCARDI PVST 03/11/2009

Electronic Signature of Signing Officer or Director Date