

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021750

FILED
Apr 24, 2007
Secretary of State

Entity Name: HELPERS INC.....

Current Principal Place of Business:

522 S.W. BADGER TER.
PORT ST. LUCIE, FL 349532909

New Principal Place of Business:

Current Mailing Address:

P O BOX 9436
PORT ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: 65-0905403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVEDAY, ZACK
522 S.W. BADGER TER.
PORT ST. LUCIE, FL 349532909 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: LOVEDAY, ZACK
Address: 522 SW BADGER TERR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: LOVEDAY, LISA
Address: 522 SW BADGER TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: LOVEDAY, TODD
Address: 522 SW BADGER TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: LOVEDAY, KERI
Address: 522 SW BADGER TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ZACK LOVEDAY

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date