

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000006460

FILED
Oct 05, 2006
Secretary of State

Entity Name: FINANCIAL HELP SERVICES, INC.

Current Principal Place of Business:

4341 CHARLOTTE HIGHWAY SUITE 211
LAKE WYLIE, SC 29710

New Principal Place of Business:

4543 CHARLOTTE HIGHWAY SUITE 116
LAKE WYLIE, SC 29710

Current Mailing Address:

4341 CHARLOTTE HIGHWAY SUITE 211
LAKE WYLIE, SC 29710

New Mailing Address:

4543 CHARLOTTE HIGHWAY SUITE 116
LAKE WYLIE, SC 29710

FEI Number: 56-1948686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CT CORPORATION

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: GOINS, LARRY H
Address: 4341 CHARLOTTE HIGHWAY SUITE 211
City-St-Zip: LAKE WYLIE, SC 29710

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: GOINS, LARRY H
Address: 4543 CHARLOTTE HIGHWAY SUITE 116
City-St-Zip: LAKE WYLIE, SC 29710

Title: VP () Change (X) Addition
Name: SWEET, WENDY
Address: 4543 CHARLOTTE HWY SUITE 116
City-St-Zip: LAKE WYLIE, SC 29710

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: LARRY H. GOINS

Electronic Signature of Signing Officer or Director

DPST

10/05/2006

Date