

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 16, 2004
Secretary of State**

DOCUMENT# N01000005875

Entity Name: MEDICAL HELP INTERNATIONAL, INC.

Current Principal Place of Business:

1463 SW 158TH AVE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

1463 SW 158TH AVE
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 59-3734922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, H.C.
1463 SW 158TH AVE
PEMBROKE PINES, FL 33027 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, H.C.
Address: 1463 SW 158TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: V () Delete
Name: ALLEN, ROBIN
Address: 1463 SW 158TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: COLEMAN, WAYNE
Address: 1301 HIGHLAND CIR
City-St-Zip: BLACKSBURG, VA 24060

Title: D () Delete
Name: COLEMAN, BETTY
Address: 1301 HIGHLAND CIR
City-St-Zip: BLACKSBURG, VA 24060

Title: D () Delete
Name: GRAFE, GWYN
Address: 6895 RIVER ISLAND CIR
City-St-Zip: BUFORD, GA 30518

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:

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. C. ALLEN

P

05/16/2004

Electronic Signature of Signing Officer or Director

_____ Date