2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005
Secretary of State

DOCUMENT# H67148

Entity Name: EDD HELMS GROUP, INC.

Current Principal Place of Business:

17850 NE 5TH AVENUE
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

17850 NE 5TH AVENUE
MIAMI, FL 33162

New Mailing Address:

FEI Number: 59-2605868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELMS, L. WADE
C/O EDD HELMS GROUP INC
17850 N.E. 5TH AVE.
MIAMI, FL 331621008 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

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: PD ( ) Delete
Name: HELMS, W. EDD
Address: 17850 NE 5 AVE.
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete
Name: HELMS, L. WADE
Address: 17850 NE 5 AVE.
City-St-Zip: MIAMI, FL

Title: VPD ( ) Delete
Name: KOMARMY, JOSEPH M
Address: 17850 N.E. 5 AVE
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete
Name: MCCARTHY, EDWARD
Address: 17580 NE 5 AVENUE
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete
Name: REVELL, WALTER
Address: 17850 NE 5 AVENUE
City-St-Zip: MIAMI, FL 33162

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. EDD HELMS JR. PRES 06/09/2005

Electronic Signature of Signing Officer or Director Date