2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State
05-25-2007 90027 027 ***150.00

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05212007 Chg-P CR2E034 (12/06)

DOCUMENT # P94000023500

1. Entity Name
HELLA K. INC.

Principal Place of Business	Mailing Address
8727 SOUTH PHILLIPS HIGHWAY UNIT 406 JACKSONVILLE, FL 32256 US	8727 SOUTH PHILLIPS HIGHWAY UNIT 406 JACKSONVILLE, FL 32256 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
10175 FORTUNE PARKWAY		10175 FORTUNE PARKWAY	
Suite, Apt. #, etc. #105		Suite, Apt. #, etc. #105	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32256	Country	Zip 32256	Country

4. FEI Number 59-3232699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HELLA, KATALIN
4678 KERNAND MILLHONE EAST
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name HELLA, KATALIN
Street Address (P.O. Box Number is Not Acceptable) 1158 PONTE VEDRA BLVD
City PONTE VEDRA BEACH FL Zip Code 32082

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE KATALIN HELLA-DIRECTOR
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELLA, KATALIN 4678 KERNAND MILL LANE EAST JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELLA, KATALIN 1158 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] KATALIN HELLA 5/22/07 904-539-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #