I hereby 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 all other like empowered.

SIGNATURE: JAY D SILVER

Electronic Signature of Signing Officer/Director Detail

TAMPA, FL 33617 Current Mailing Address:

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: HELICON FOUNDATION REPAIR SYSTEMS, INC.

P.O. BOX 280031 TAMPA, FL 33682

11103 NORTH 46TH STREET

BUILDING B

FEI Number: 20-2665416

DOCUMENT# P04000075821

Current Principal Place of Business:

Name and Address of Current Registered Agent:

SMITH, KEITH CESQ. 121 NORTH COLLINS STREET PLANT CITY, FL 33563 US

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

Officer/Director Detail :

TitlePNameSILVER, JAY DAddressP.O. BOX 280031City-State-Zip:TAMPA FL 33682

FILED Apr 30, 2014 Secretary of State CC1916013269

Certificate of Status Desired: No

Date

PRESIDENT

04/30/2014 Date