## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2005 08:00 AM Secretary of State **DOCUMENT #845916** HELLMANN & CO. GRUNDSTUECKSGESELLSCHAFT MBH, INC Principal Place of Business \_ \_ Mailing Address 2090 PALM BEACH LAKES BLVD. 2090 PALM BEACH LAKES BLVD. SUITE 700 **SUITE 700** WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 No Cha-P CR2E034 (10/03) 04122005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 98-0043292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMERON-HAYES, JONATHON DO NOT WRITE 2090 PALM BEACH LAKES BLVD. SUITE 700 IN THIS SPACE WEST PALM BEACH, FL 33409 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. Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE HELLMAN, KLAUS NAME PROF, HAACK STR, 21 STREET ADDRESS CITY-ST-ZIP 49076 OSNABRUCK GERMANY, UM0000310625 TITLE SD NAME HELLMAN, JOST 04/18/05-80012-007 150.00 INDUSTRIESTRASSE 100 STREET ADDRESS CITY-ST-ZIP 21107 HAMBURG GERMANY, TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 true tee employeed 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 actives, with all other like employeed.

SIGNATURE:

TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OR CINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

(561) 686-6968 Dayting Prove #

**FILED**