


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000004205</b> 1. Entity Name HELICONIA 2K, INC.	
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Principal Place of Business 210 TIMBER LAKE CIRCLE 104 NAPLES, FL 34104	Mailing Address C/O MICHAEL J. BODAH, CPA 2443 PINE WOOD C NAPLES, FL 34105
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**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0033074	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BODAH, MICHAEL CPA 2443 PINEWOOD CIRCLE, NAPLES, FL 34105
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KIMBERLY WILLIAM DURLING 2 LAPWING CLOSE, SELSDON VALE S. CROYDEN, SURREY, EN CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV HESS, RAYMOND V 1348 HIGHLAND DRIVE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURLING, COLLEEN 2 LAPWING CLOSE, SELSDON VALE S. CROYDEN, SURREY, EN CR2 8TD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DURLING, MANUELA M 955 MARINE DRIVE, APT 1601 WEST VANCOUVER, BC V7T 1A9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000726440  
05/04/07-80007-020 150.00

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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: Manuela Durling Sec/Treasurer 18<sup>th</sup> April 07 - 604-922-9320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #