

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004205

Entity Name: HELICONIA 2K, INC.

FILED
Jul 03, 2008
Secretary of State

Current Principal Place of Business:

210 TIMBER LAKE CIRCLE
104
NAPLES, FL 34104

New Principal Place of Business:

C/O MICHAEL J BODAH CPA 2443 PINE WOOD CR
NAPLES, FL 34105

Current Mailing Address:

C/O MICHAEL J. BODAH, CPA 2443 PINE WOOD C
NAPLES, FL 34105

New Mailing Address:

C/O MICHAEL J BODAH CPA 2443 PINE WOOD CR
NAPLES, FL 34105

FEI Number: 80-0033074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODAH, MICHAEL CPA
2443 PINWOOD CIRCLE,
NAPLES, FL 34105 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: CP () Delete
Name: KIMBERLY WILLIAM DUR, LING
Address: 2 LAPWING CLOSE, SELSDON VALE
City-St-Zip: S. CROYDEN, SURREY, EN CR2 UK

Title: VCV () Delete
Name: HESS, RAYMOND V
Address: 1348 HIGHLAND DRIVE
City-St-Zip: NAPLES, FL 34105 US

Title: D () Delete
Name: DURLING, COLLEEN
Address: 2 LAPWING CLOSE, SELSDON VALE
City-St-Zip: S. CROYDEN, SURREY, EN CR2 8TD UK

Title: DST () Delete
Name: DURLING, MANUELA M
Address: 955 MARINE DRIVE, APT 1601
City-St-Zip: WEST VANCOUVER, BC V7T 1A9 CA

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MANUELA DURLING

DST

07/03/2008

Electronic Signature of Signing Officer or Director

Date