2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003660

Entity Name: HELRON MARINE SERVICES, INC.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O ALLIANCE SHIPPERS, INC. 516 SYLVAN AVENUE, SUITE 602 ENGLEWOOD CLIFFS, NJ 07632

Current Mailing Address: New Mailing Address:

C/O ALLIANCE SHIPPERS, INC. 516 SYLVAN AVENUE, SUITE 602 ENGLEWOOD CLIFFS, NJ 07632

FEI Number: 22-3551214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, MARGIE D
3581 INVERRARY DRIVE, APT. C201
LAUDERHILL, FL 33319 US

KELLEY, SCOTT
3860 NORTHWEST 21ST STREET
COCONUT CREEK, FL 33066 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: SCOTT KELLEY 02/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC () Delete Title: PRES (X) Change () Addition

Name: LEFCOURT, RONALD Name: LEFCOURT, RONALD

Address: 516 SYLVAN AVENUE, SUITE 602 Address: 516 SYLVAN AVENUE, SUITE 602 City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632 City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: VCS () Delete Title: VP (X) Change () Addition

Name: LEFCOURT, HELEN Name: LEFCOURT, JONATHAN

Address: 516 SYLVAN AVENUE, SUITE 602 Address: 516 SYLVAN AVENUE, SUITE 602 City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632 City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

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: JONATHAN LEFCOURT VP 02/11/2009