

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67148

Entity Name: EDD HELMS GROUP, INC.

FILED  
Jan 22, 2007  
Secretary of State

## Current Principal Place of Business:

17850 NE 5TH AVENUE  
MIAMI, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

17850 NE 5TH AVENUE  
MIAMI, FL 33162

## New Mailing Address:

FEI Number: 59-2605868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELMS, L. WADE  
C/O EDD HELMS GROUP INC  
17850 N.E. 5TH AVE.  
MIAMI, FL 331621008 US

## Name and Address of New Registered Agent:

HELMS, WADE  
17850 NE 5 AVENUE  
MIAMI, FL 331621008 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: WADE HELMS

01/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPSD ( ) Delete  
Name: HELMS, WADE  
Address: 17850 NE 5 AVE.  
City-St-Zip: MIAMI, FL 33162

Title: CFO ( ) Delete  
Name: GOODSON, DEAN  
Address: 17850 NE 5 AVE.  
City-St-Zip: MIAMI, FL 33162

Title: PD ( ) Delete  
Name: HELMS, EDD  
Address: 17850 N.E. 5 AVE  
City-St-Zip: MIAMI, FL 33162

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WADE HELMS

VPSD

01/22/2007

Electronic Signature of Signing Officer or Director

Date