

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67148

FILED
Jan 14, 2009
Secretary of State

Entity Name: EDD HELMS GROUP, INC.

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, WADE
17850 NE 5 AVENUE
MIAMI, FL 331621008 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

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 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

01/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date