

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068905

Entity Name: HELP U 2DAY, LLC

FILED
Mar 08, 2007
Secretary of State

Current Principal Place of Business:

2295 S. HIAWASSEE RD.
SUITE 305
ORLANDO, FL 32835

Current Mailing Address:

2295 S. HIAWASSEE RD.
SUITE 305
ORLANDO, FL 32835

New Principal Place of Business:

6996 PIAZZA GRANDE AVENUE
212
ORLANDO, FL 32835

New Mailing Address:

6996 PIAZZA GRANDE AVENUE
212
ORLANDO, FL 32835

FEI Number: 55-0900470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALHAO, PHILIPPE
11533 DELWICK DR
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

ELITE LEGACY, INC.
6996 PIAZZA GRANDE AVE
213
ORLANDO, FL 32835 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: ELITE LEGACY INC. BY PHILIPPE MALHAO

03/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALHAO, MARIA F MGRM
Address: 11533 DELWICK DR
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: DIAS, MARIA M MGRM
Address: 1412 LONGMEADOW WAY
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA FATIMA MALHAO

MGRM

03/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date