2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

1. Entity Name THE HELMET SHOP, INC.							
Principal Place 546 BALLOU DAYTONA BE		Mailing Address 546 BALLOUGH RD DAYTONA BEACH, FL 32114			I 11 01 12 01 13 00 10 00 10 0	EEF BOUNT BOUNT LOOKEN EERSTE BOUND COLIFE IN BEFORE IN FREET	
DO NOT WRITE IN THIS SPA			CE	04222004 No Chg-P CR2E034 (10/03) 4. FEI Number			
6. Name and Address of Current Registered Agent HARBISON, WILLIAM FRANK 546 BALLOUGH RD DAYTONA BEACH, FL 32114				DO NOT WRITE IN THIS SPACE			
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 it am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renslating) DATE							
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contribution				55.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PTD HARBISON, WILLIAM FRANK 546 BALLOUGH RD DAYTONA BEACH, FL 32114 VSD HARBISON, LINDA 546 BALLOUGH RD DAYTONA BEACH, FL 32114	RECTORS			96606 85793754-	47981 -90129-003 150.0 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CICNIATUDE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 3862576434