
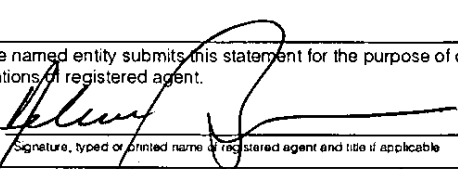


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90060 006 ***150.00

DOCUMENT # P00000094150			
1. Entity Name HELENE'S NIGHTLIGHT, INC.			
Principal Place of Business 1532 SW MERCHANT LANE PORT SAINT LUCIE FL 34953		Mailing Address 1532 SW MERCHANT LANE PORT SAINT LUCIE FL 34953	
2. Principal Place of Business 1841 S.W. Bellevue Ave		3. Mailing Address 1841 S.W. Bellevue Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St-Lucie FL		City & State Port St-Lucie FL	
Zip 34953	Country USA	Zip 34953	Country U.S.A.
6. Name and Address of Current Registered Agent BARBEAU, HELENE 1532 S.W. MERCHANT LANE PORT SAINT LUCIE FL 34953		7. Name and Address of New Registered Agent Name: BARBEAU Helene Street Address (P.O. Box Number is Not Acceptable) 1841 S.W. Bellevue Ave City: Port St-Lucie FL Zip Code: 34953	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 1-30-05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBRAU, HELENE 1532 SW MERCHANT LANE PORT SAINT LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBEAU Helene 1841 S.W. Bellevue Ave Port St-Lucie FL 34953 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 Helene Barbeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-05 772-344-5604