2005 FOR PROFIT CORPORATION ANNUAL REPORT (AB) . .

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 29, 2005 8:00 am **Secretary of State** DOCUMENT # P00000097495 1. Entity Name 03-29-2005 90025 017 ***150.00 HELMY INVESTMENTS GROUP, INC. Principal Place of Business Mailing Address 11215 SPINNING REEL CIRCLE PO BOX 780636 50031883 ORLANDO FL 32878-0636 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address 1257 Alapaha Lane Suite, Apt..#, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-3679212 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Orange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HELMY, MOHAMED S 11215 SPINNING REEL CIRCLE PO BOX 780636 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32825 City Zip Code 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. 4 SIGNATURE DATE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 TITLE Change ☐ Addition ☐ Delete TITLE HELMY, MOHAMED S NAME NAME 11215 SPINNING REEL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL 32825 CITY-ST-ZIP ☐ Delete ☐ Chanαe ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE -- Delete ----NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-Z(P 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 true see 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.

FILED

Daytime Phone #

Date