

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098354

Entity Name: HELMETS, ETC, INC.

FILED
Aug 17, 2006
Secretary of State

Current Principal Place of Business:

2900-3 SOUTH NOVA RD
DAYTONA BEACH, FL 32119

New Principal Place of Business:

4251 SPRUCE CREEK ROAD
BLD 2, SUITE C
PORT ORANGE, FL 32127

Current Mailing Address:

2900-3 SOUTH NOVA RD
DAYTONA BEACH, FL 32119

New Mailing Address:

4251 SPRUCE CREEK ROAD
BLD 2, SUITE C
PORT ORANGE, FL 32127

FEI Number: 59-3687976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAVETTA, ROCCO C
700 SAYBROOK STREET
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

FAILLA, MARK M
706 SAYBROOK STREET
PORT ORANGE, FL 32127 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: MARK M FAILLA

08/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCAVETTA, ROCCO C
Address: 700 SAYBROOK STREET
City-St-Zip: PORT ORANGE, FL 32127

Title: S (X) Delete
Name: FAILLA, MARK
Address: 706 SAYBROOK STREET
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAILLA, MARK M
Address: 706 SAYBROOK STREET
City-St-Zip: PORT ORANGE, FL 32127

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 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: MARK M FAILLA

P

08/17/2006

Electronic Signature of Signing Officer or Director

Date