


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90033 013 \*\*\*150.00

<b>DOCUMENT # P01000044604</b> 1. Entity Name <b>HELPMED, INC.</b>			
Principal Place of Business <b>1595-C NOVA ROAD HOLLY HILL, FL 32117</b>		Mailing Address <b>1595-C NOVA ROAD HOLLY HILL, FL 32117</b>	
2. Principal Place of Business <b>1678 Ridgewood</b>		3. Mailing Address <b>1678 Ridgewood Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Holly Hill, Florida</b>		City & State <b>Holly Hill, Florida</b>	
Zip <b>32117</b>		Zip <b>32117</b>	
Country 		Country 	
4. FEI Number <b>59-3657822</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHAOUKI, SALLOUM A 1595-C NOVA ROAD HOLLY HILL, FL 32117</b>		7. Name and Address of New Registered Agent Name <b>Salloum, A. Chaouki</b> Street Address (P.O. Box Number is Not Acceptable) <b>1678 Ridgewood Ave</b> City <b>Holly Hill</b> FL Zip Code <b>32117</b>	
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 <b>g. Chaouki Salloum</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 SALLOUM, CHAOUKI A 1595 NOVA ROAD HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Salloum, A. Chaouki 1678 Ridgewood Avenue Holly Hill, FL 32117
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SALLOUM, DONNI J 14 SUGARBERRY CIR. ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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
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
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
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
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: <b>g. Chaouki Salloum</b> DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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