## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013701

City-St-Zip:

BOCA RATON, FL 33428

Entity Name: BHELLIOM ENTERPRISES CORP

FILED May 14, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Bu	New Principal Place of Business:	
	TH ROGERS C	IRCLE	20423 STATE ROAD 7		
SUITE 26 BOCA RAT	TON, FL 33487	US	SUITE 275 BOCA RATON, FL 33498	US	
Current M	ailing Address	s:	New Mailing Address:	New Mailing Address:	
	TH ROGERS C	IRCLE	20423 STATE ROAD 7		
SUITE 26 BOCA RAT	TON, FL 33487	US	SUITE 275 BOCA RATON, FL 33498	US	
FEI Number:	06-1676331	FEI Number Applied For ( )	FEI Number Not Applicable ( )	ertificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of Nev	Name and Address of New Registered Agent:	
10254 ALL	HY, JOSEPH D EGRO DRIVE TON, FL 33428	s US			
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registered offic	ce or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	S () MCCARTHY, JO 10254 ALLEGRO BOCA RATON, F	D DR.	Title: ( ) Cl Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	P () MCCARTHY, CA 10254 ALLEGRO BOCA RATON, F	D DR.	Title: ( ) Cl Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address:	VP () MCCARTHY, JO 10254 ALLEGRO		Title: () Cl Name: Address:	nange ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: /JOSEPH MCCARTHY/ VP 05/14/2008