


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000149551 1. Entity Name HELM ENTERPRISES, INC.	
--	---

Principal Place of Business 31 CAVALLINI DRIVE NOKOMIS, FL 34275	Mailing Address 31 CAVALLINI DRIVE NOKOMIS, FL 34275
--	--

DO NOT WRITE IN THIS SPACE



07182007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3918237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

07/24/07-80013-019 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HELM, THOMS 31 CAVALLINI DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HELM, DEBORAH 31 CAVALLINI DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas Helm THOMAS HELM 7-18-07 941-96-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #