2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100050

7798 ELBERTA DRIVE

SEVERN, MD 211441023

Address: City-St-Zip:

Entity Name: HELIXPRO INC.

FILED Feb 20, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
	TEZ ROAD TON, FL 34210			
Current Mailing Address:			New Mailing Address:	
	TEZ ROAD TON, FL 34210			
FEI Number	: 20-5265963	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
3795 41ST	DANIEL E LANE SOUTH RSBURG, FL 3			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CHORBA, DANI	E SOUTH UNIT 68-B	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	V () CHORBA SR, TI 7798 ELBERTA SEVERN, MD 2	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	ST () CHORBA, BERN	Delete IICE H	Title: Name:	() Change () 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.

Address:

City-St-Zip:

SIGNATURE: THOMAS E CHORBA SR V 02/20/2009