2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064571

Entity Name: HELARCOUS, INC.

FILED Aug 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 215 E 42ND STREET
 6021 ORIENT RD

 18TH FLOOR
 TAMPA, FL 33610

 NEW YORK, NY 10017

Current Mailing Address: New Mailing Address:

 215 E 42ND STREET
 6021 ORIENT RD

 18TH FLOOR
 TAMPA, FL 33610

 NEW YORK, NY 10017

FEI Number: 26-2947908 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:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

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:
 PD () Delete

 Name:
 SCHJORRING, CASPER B

 Address:
 % 215 E 42ND ST, 18TH FLOOR

City-St-Zip: NEW YORK, NY 10017

Title: S () Delete
Name: BERNSTEIN. DANIEL L

Address: 260 MADISON AVENUE, 17TH FLOOR

City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: SCHJORRING, CASPER B Address: 6021 ORIENT RD

City-St-Zip: TAMPA, FL 33610

Title: S (X) Change () Addition

Name: BERNSTEIN, DANIEL L Address: 6021 ORIENT RD City-St-Zip: TAMPA, FL 33610

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.

SIGNATURE: CASPER B SCHJORRING P 08/15/2009