


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000013423	
1. Entity Name HELAIN, INC.	

Principal Place of Business 3211 SOUTH OCEAN BLVD. NO. 901 HIGHLAND BEACH, FL 33487	Mailing Address 3211 SOUTH OCEAN BLVD. NO. 901 HIGHLAND BEACH, FL 33487
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01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0393722	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 AIN, DAVID 3211 SOUTH OCEAN BLVD. NO. 901 HIGHLAND BEACH, FL 33487
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**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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIN, DAVID 3211 S. OCEAN BLVD #901 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIN, HELEN 3211 S. OCEAN BLVD #901 HIGHLAND BEACH, FL 33487
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01/12/06-80030-008 150.00

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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: *[Signature]* Date: Jan. 6, 2006 Daytime Phone #: (561) 276-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR