


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90024 028 ***150.00

DOCUMENT # P96000092041		
1. Entity Name HELAINE'S KNIPPLE, INC.		

Principal Place of Business 1515 SILVER MOON LANE PALM HARBOR, FL 34683 US	Mailing Address 704 WEST BAY STREET TAMPA, FL 33606 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o Aaron Gold</i> <i>202 S. Rome Ave.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 100</i>	
City & State		City & State <i>Tampa, FL</i>	
Zip	Country	Zip	Country
		<i>33606</i>	<i>US</i>



01032008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3441917		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLD, AARON J. 704 WEST BAY STREET TAMPA, FL 33606		7. Name and Address of New Registered Agent Name <i>Aaron J. Gold, Esq.</i> Street Address (P.O. Box Number Not Acceptable) <i>202 S. Rome Ave.</i> <i>Suite 100</i> City <i>Tampa</i> FL Zip Code <i>33606</i>	
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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 Aaron J. Gold, Esq. DATE 1/4/08

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLC, HELANIE S 1515 SILVER MOON LANE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Helaine Shatanoff Solc January 14, 2008 (727) 784-7042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #