

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105463

Entity Name: HELMET CITY, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1405 POINSETTA DR #7
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1405 POINSETTA DR #7
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0886390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLEY, MICHAEL R
2000 GLADES ROAD, SUITE 306
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

TILLEY, MICHAEL R
2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431 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: MICHAEL R TILLEY

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SOBEL, ALAN
Address: 6565 NW 31ST TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: SOBEL, DELORES
Address: 6565 NW 31ST TERRACE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL R TILLEY

RA

03/24/2009

Electronic Signature of Signing Officer or Director

Date