. 2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000038648

1. Entity Name
FRENCHY'S HELMETS, INC.

Principal Place of Business	Mailing Address
1101 HOLLAND DRIVE UNIT 16	1101 HOLLAND DRIVE UNIT 16
BOCA RATON, FL 33487	BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

04192006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0913832	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REIF, RICHARD
1101 HOLLAND DRIVE UNIT 16
BOCA RATON, FL 33487

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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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U00000556780
05/17/06-80023-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REIF, RICHAD W
STREET ADDRESS	1101 HOLLAND DRIVE UNIT 16
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: *Richard Reif* RICHARD W REIF   4.24.06   989-0610

JB/

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