2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Apr 04, 2005 8:00 am Secretary of State DOCUMENT # \$98508 1. Entity Name 04-04-2005 90080 022 ***150.00 **HELTA CORPORATION** Principal Place of Business Mailing Address IUUIUNNU 505 S FLAGLER DRIVE STE 300 505 S FLAGLER DRIVE STE 300 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address P.O. BOX 4297 ONE N. CLEMATIS STREET Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 65-0304528 Not Applicable WEST PAUM WEST PAUM BEACH, FL BEACH Zip \$8.75 Additional 5. Certificate of Status Desired 33402 3340 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHOPIN, L. FRANK Street Address (P.O. Box Number is Not Acceptable) 505 S FLAGLER DRIVE STE 300 ONE N. CLEMATIS STREET WEST PALM BEACH FL 33401 City WEST PALM BEACH 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change Delete NAME CHOPIN, L. FRANK NAME ONE N. CLEMATIS STREET 505 S FLAGLER DRIVE STE 300 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-7IP CITY-ST-7IP WEST PAUM BEACH, FL 33401 TITLE ☐ Delete TITLE ☐ Addition NAME FORD, KATHLEEN DUROSS NAME N. CLEMATIS STREET STREET ADDRESS 505 S FLAGLER DRIVE STE 300 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP PALM BEACH, FL 3340 TITLE ☐ Delete ____Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P THEF ☐ Detete Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.

OFFICER OR DIRECTOR

FILED