## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # V64113

1. Entity Name HELENA ENTERPRISES INC.

Principal Place of Business

1340 SE 11TH PLACE HOMESTEAD, FL 33035 Mailing Address

1340 SE 11TH PLACE HOMESTEAD, FL 33035

## FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90152 046 \*\*\*163.75

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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0357270

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODARDD, GLORIA J 11515 SW 187 TERRACE MIAMI, FL 33157

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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 Election Campaign Financing Trust Fund Contribution. √

\$5.00 May Be Added to Fees

10.	. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCGUIRE, HELEN L 1340 SE 11TH PL HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKFORD, GREGORY A 11639 SW 183RD STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGUIRE, WILLIS 1340 SE 11TH PLACE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERMANY, SAMUEL 1340 SE 11TH PLACE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODAD, GLORIA 18515 SW 187TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGUIRE, BRIAN 1340 SE 11TH PL HOMESTEAD, FL 33035

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental upont is true and accuraged 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 other like empowered.

SIGNATURE:

MATURE AND TYPED OR POINT ON NAME OF SIGNING OFFICER OR DIRECTOR

13/06 (365)242-6293