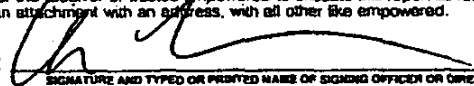


FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90007 007 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000088460			
1. Entity Name ELITE HOMES, INC.			
Principal Place of Business 2898 BEACH AVENUE ATLANTIC BEACH FL 32233		Mailing Address 2898 BEACH AVENUE ATLANTIC BEACH FL 32233	
2. Principal Place of Business 910 1st Ave. S.		3. Mailing Address 910 1st Ave. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL	
Zip 32250	Country	Zip 32250	Country
4. FEI Number 59-3602400		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERTSON, CHRISTOPHER 2038 BEACH AVENUE ATLANTIC BEACH FL 32233		7. Name and Address of New Registered Agent 910 1st Ave. S. Jacksonville Beach, FL 32250	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LAMBERTSON, CHRISTOPHER D #72-10TH ST. ATLANTIC BEACH FL 32233 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 910 1st Ave. S. Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD OLSON, ROBERT 409 UPPER 36TH AVE S JACKSONVILLE BEACH FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 910 1st Ave. S. Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			