


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90029 011 ***150.00

DOCUMENT # 568741					
1. Entity Name ELBA ENTERPRISES, INC.					
Principal Place of Business 1409 AURORA RD INDALANTIC, FL 32903 US		Mailing Address 1409 AURORA RD INDALANTIC, FL 32903 US			
2. Principal Place of Business - No P.O. Box # 1409 Aurora Rd. Suite, Apt. #, etc. Melbourne, FL City & State		3. Mailing Address 1130 N. SHANNON AVE Suite, Apt. #, etc. INDIALANTIC, FL City & State			
4. FEI Number 59-1828312		Applied For Not Applicable		02272008 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Zip Country Zip Country 32935 USA 32903 USA			
6. Name and Address of Current Registered Agent ELIASSEN, GLADIE C 1130 N SHANNON AVE MELBOURNE, FL 32903 INDIALANTIC			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City INDIALANTIC FL Zip Code 32903		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELIASSEN, GLADIE C		NAME		
STREET ADDRESS	1130 N. SHANNON AE.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARBERIA, KRISTI		NAME		
STREET ADDRESS	1890 SW 55 LANE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELIASSEN, LORI		NAME		
STREET ADDRESS	1112 SEMINOLE DR		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Gladio L. Eliassen</u>		Date: <u>03-01-08</u>		Daytime Phone #: <u>321-951-2174</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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