


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714697**  
 1. Entity Name  
**ELEGANT EIGHT, INC.**



Principal Place of Business  
**9801 E BAY HARBOR DR  
 BAY HARBOR ISLANDS, FL 33154**

Mailing Address  
**9801 E BAY HARBOR DR  
 #4W  
 BAY HARBOR ISLAND, FL 33154 US**



05222006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1218219**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BARTLETT, WILLIAM  
 9801 E BAY HARBOR DR, #4W  
 MIAMI, FL 33154**

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTLETT, WILLIAM 9801 E. BAY HARBOR DRIVE BAY HARBOR ISLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO LARGEUER, BARBARA 9801 E BAY HARBOR DR BAY HARBOR ISLANDS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANSEN, ERIC 9801 EAST BAYHARBOR DRIVE MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000566018  
 05/25/06-80001-001 61.25

**DO NOT WRITE IN THIS SPACE**

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 617, 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: William Bartlett William Bartlett 5/21/06 305-866-8207  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #