

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04508

FILED
Apr 16, 2008
Secretary of State

Entity Name: ELLIOTT'S BUSINESS SERVICES, INC.

Current Principal Place of Business:

13309 NW 7TH AVE
MIAMI, FL 33168 US

New Principal Place of Business:

Current Mailing Address:

13309 NW 7TH AVE
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 59-2036896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLIOTT, EDWARD D
7255 NW 19TH CT.
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CAMILLA ELLIOTT
7255 NW 19TH CT
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: CAMILLA ELLIOTT

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ELLIOTT, EDWARD D,
Address: 7255 NW 19TH CT.
City-St-Zip: HOLLYWOOD, FL 33024

Title: VPTD () Delete
Name: ELLIOT, CAMILLA
Address: 7255 NW 19TH CT.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: COOLS, KAREN
Address: 7255 NW 19TH CT.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Delete
Name: COOLS, KISHA
Address: 7255 NW 19TH CT
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ELLIOTT, CAMILLA
Address: 7255 NW 19TH CT
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP (X) Change () Addition
Name: ELLIOT, EDWARD
Address: 7255 NW 19TH CT.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Change () Addition
Name: COOLS, KAREN
Address: 4741 GRAND CYPRESS CIR N
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLA ELLIOTT

PT

04/16/2008

Electronic Signature of Signing Officer or Director

Date