2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # F27823 ELD ASSOCIATES, INC.				007 90061 002 ***150.00	
Principal Plac	ce of Business	Mailing Address		ี นบบพ∨	U U U	
2302 NW 66TH DR 3200 N MILITARY TRAIL			US			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 950 Pen 1154 la Corp. Circle				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262007 Chg-P	CR2E034 (12/06)	
City & State		Boca Raton FL		4. FEI Number 59-2098772	Applied For Not Applicable	
Zip	Country	33487	Country	5. Certificate of Status Desire	ed S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of Ne	w Registered Agent	
SCHOENFIELD, DAVID			Name			
2302 N.W.	. 66TH DR. TON, FL 33496		Street Address (P.O. Box Number is Not Acce		able)	
500,,,,,,					***	
			City		FL Zip Code	
8. The above	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or regis	stered agent, or both, in the State of	f Florida. I am familiar with, and accept	
	5 5					
CICNIATION						
SIGNATURE.	Signature, typed or printed name of registered agent	and tide it applicable. (NOTE Re	egistered Agent signature requ	ured when reinstating)	DATE	
FIL	Signature, typed or prinled name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign	Financing	55.00 May Be	DATE	
FIL	.E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contribu	Financing	55.00 May Be ddded to Fees		
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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 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 distingent 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 the address, with all other reproducted.

SIGNATURE:

SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3/1/07</u>

Daytime Phone #