


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000005128 1. Entity Name ELEGANT ILLUSIONS INC	
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Principal Place of Business 542 LIGHTHOUSE AVE., STE 5 PACIFIC GROVE, CA 93950	Mailing Address 542 LIGHTHOUSE AVE., STE 5 PACIFIC GROVE, CA 93950
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0192727	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 GAVIN M GEAR <small>Signature, typed or printed name of registered agent and title if applicable</small>	 <small>(NOTE: Registered Agent signature required when reinstating)</small>	4/29/2008 <small>DATE</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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEAR, GAVIN 23745 SPECTACULAR BID LANE MONTEREY, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARDINAL, JAMES 2001 OCEAN STREET SANTA CRUZ, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEAR, TAMARA 23745 SPECTACULAR BID LANE MONTEREY, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINZE, JANET 542 LIGHTHOUSE AVE., STE 5 PACIFIC GROVE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000935280
05/23/08-80066-004 150.00

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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 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: GAVIN M GEAR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/29/2008 <small>Date</small>	831-649-1841 <small>Daytime Phone #</small>