

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005128

Entity Name: ELEGANT ILLUSIONS INC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

542 LIGHTHOUSE AVE., STE 5
PACIFIC GROVE, CA 93950

New Principal Place of Business:

542 LIGHTHOUSE AVE.,
SUITE # 5
PACIFIC GROVE, CA 93950

Current Mailing Address:

542 LIGHTHOUSE AVE., STE 5
PACIFIC GROVE, CA 93950

New Mailing Address:

542 LIGHTHOUSE AVE.,
STE # 5
PACIFIC GROVE, CA 93950

FEI Number: 77-0192727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEAR, GAVIN
Address: 23745 SPECTACULAR BID LANE
City-St-Zip: MONTEREY, CA

Title: VD () Delete
Name: CARDINAL, JAMES
Address: 2001 OCEAN STREET
City-St-Zip: SANTA CRUZ, CA

Title: TD () Delete
Name: GEAR, TAMARA
Address: 23745 SPECTACULAR BID LANE
City-St-Zip: MONTEREY, CA

Title: D () Delete
Name: HEINZE, JANET
Address: 542 LIGHTHOUSE AVE., STE 5
City-St-Zip: PACIFIC GROVE, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GEAR, GAVIN
Address: 23745 SPECTACULAR BID LANE
City-St-Zip: MONTEREY, CA 93940

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

Title: TD (X) Change () Addition
Name: GEAR, TAMARA
Address: 23745 SPECTACULAR BID LANE
City-St-Zip: MONTEREY, CA 93940

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: GAVIN GEAR

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date