

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90042 001 ***150.00

DOCUMENT # G41615
 1. Entity Name
 ELIAS PROPERTIES, INC.



Principal Place of Business: % WILLIAM S MARSHALL, 605 EPSILON DRIVE -P O BOX 2812, PITTSBURGH, PA 15238-2807
 Mailing Address: % WILLIAM S MARSHALL, 605 EPSILON DRIVE -P O BOX 2812, PITTSBURGH, PA 15238-2807 US

40160091



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 25-1444571 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARSHALL, WILLIAM S.
 700 BRICKELL AVE., SUITE 401
 MIAMI, FL 33131

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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: *Sylvia M. Elias* DATE: 7-16-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	ELIAS, NORMAN
STREET ADDRESS	605 EPSILON DRIVE
CITY-ST-ZIP	PITTSBURGH, PA 15238
TITLE	D
NAME	ELIAS, SYLVIA
STREET ADDRESS	605 EPSILON DRIVE
CITY-ST-ZIP	PITTSBURGH, PA 15238
TITLE	DV
NAME	ELIAS, RICHARD
STREET ADDRESS	605 EPSILON DRIVE
CITY-ST-ZIP	PITTSBURGH, PA 15238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *Sylvia M. Elias, secy/treas.* DATE: 7-16-07 DAYTIME PHONE #: (412) 963-1306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

SYLVIA M. ELIAS