


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J03139 1. Entity Name ELWILL SAVAGE, INC. |  |
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|---|---|
| Principal Place of Business 319 MONROE DRIVE WEST PALM BEACH, FL 33405 US | Mailing Address 319 MONROE DRIVE WEST PALM BEACH, FL 33405 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 58-1711292 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MORA, ABRAHAM M
777 S FLAGLER DR WEST TOWER
STE 900
WEST PALM BEACH, FL 33401

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | PSD SLATER, TIM 319 MONROE DRIVE WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SLATER, TIM 319 MONROE DR WEST PALM BEACH, FL 33403 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STUMP, MITCHELL 26 PRINCEWOOD LANE PALM BEACH, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/30/06-80036-024 150.00

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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.

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|--|--|
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | TIM SLATER PRES. Date 1/17/06 561 820 0021 Daytime Phone # |
|--|--|