

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J37895

Entity Name: ELMATON, INC.

FILED
Mar 18, 2005
Secretary of State

Current Principal Place of Business:

8825 EAST TAMiami TRAIL
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

8825 EAST TAMiami TRAIL
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 59-2801251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JAMES E III
1107 W MARION AVE, SUITE 112
PUNTA GORDA, FL 33950 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: P () Delete
Name: APFELBAUM, MARC
Address: 116/11 DIZENGOFFSTR
City-St-Zip: TEL-AVIV,

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELANGE, LUKE
Address: 8825 E TAMiami TRAIL
City-St-Zip: NAPLES, FL 34113

Title: VP () Change (X) Addition
Name: BOFF, JOSEPH D
Address: 8825 E TAMiami TRAIL
City-St-Zip: NAPLES, FL 34113

Title: S/T () Change (X) Addition
Name: DELANGE, MARGRIET
Address: 8825 E TAMiami TRAIL
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH D. BOFF

VP

03/18/2005

Electronic Signature of Signing Officer or Director

Date