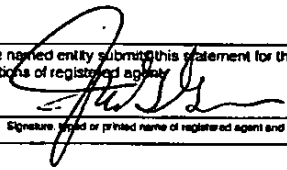


FILED
Feb 17, 2005 8:00 am
Secretary of State

01-18-2005 90027 038 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K71840		
1. Entity Name ELITE TRANSFERS, INC.		
Principal Place of Business 2735 WEST HIGHWAY 44 DELAND, FL 32720		Mailing Address 2735 WEST HIGHWAY 44 DELAND, FL 32720
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent GUESS, JACK G 3164 STEAM BOAT RIDGE DAYTONA BEACH, FL 32128		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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)		DATE 1/10/05
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUESS, DAVID 2735 W HYW. 44 DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST GUESS, JACK 3164 STEAM BOAT RIDGE DAYTONA BEACH, FL 32128	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/11/05 Daytime Phone # 386-740-7100