2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 09, 2006 8:00 am Secretary of State DOCUMENT # L28874 1. Entity Name 02-09-2006 90049 041 ***158.75 ELMY CORP. Principal Place of Business Mailing Address 10101 COLLINS AVENUE 10101 COLLINS AVENUE **APT 11 F** BAL HARBOR FL 33154 BAL HARBOR FL 33154 2. Principal Place of Business 3. Mailing Address 10/01 COLLIDS Same Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0156454 13 AL Idarbour Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent acher TACHER, PERLA Street Address (P.O. Box Number is Not Acceptable) 10101 COLLINS AVENUE #11F BAL HARBOR FL 33154 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 lifte if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete Change TITLE TITLE Addition TACHER, PERLA NAME NAME STREET ADDRESS STREET ADDRESS 10101 COLLINS AVENUE CITY-ST-ZIP BAL HARBOR FL 33154 CITY-ST-ZIP ☐ Delete ☐ Addition NAME TACHER, SARA NAME STREET ADDRESS 10101 COLLINS AVENUE STREET ADDRESS BAL HARBOR FL 33154 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TiT1 F Change ☐ Addition NAME NAME TACHER, DAVID STREET ADDRESS 10101 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAL HARBOR FL 33154 Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath; 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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