2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 02, 2005 08:00 AM Secretary of State

941-309-6067 Daylime Phone #

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DOCUMENT # L58078 1. Entry Name ELTA ENTERPRISES, INC.		- There are a second and a second a second and a second a		Secretary of State
Principal Place of Business 1712 NORTHGATE BLVD SARASOTA, FL 34234		Mailing Address 1712 NORTHGATE BLVD SARASOTA, FL 34234		
DO NOT WRITE IN THIS SPAC			CE	03212005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent GRIMES, MICHELE B 200 S. ORANGE AVENUE SARASOTA, FL 34236			-	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. lyaded or printed name of registered agent and ritle if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution.				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PVT NORRBY, GUNNAR 1712 NORTHGATE BLVD SARASOTA, FL 34234	RECTORS.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Verification of the second of		U08000284843 04/02/05-80021-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>
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 artification with an address, with all other like empowered.				