
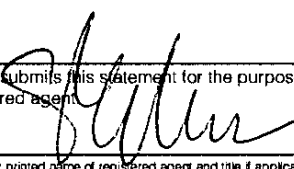


2008 FOR PROFIT CORPORATION ANNUAL REPORT

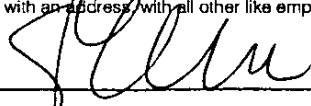
FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90027 037 ***158.75

DOCUMENT # L67606 1. Entity Name CHRISTENSON-ELMS AUCTION COMPANY, INC.					
Principal Place of Business 2581 JUPITER PARK DR, UNIT F-6 JUPITER, FL 33458			Mailing Address 2581 JUPITER PARK DR, UNIT F-6 JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box # 3670 Northwind Ct		3. Mailing Address 3670 Northwind Ct			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JUPITER FL		City & State JUPITER FL		4. FEI Number 65-0190359	
Zip 33470		Country Palm Bch		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33470		Country Palm Beach		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ELMS, SANNETTE 18529 SE HERITAGE DR TEQUESTA, FL 33469				7. Name and Address of New Registered Agent Name Annette Elms Street Address (P.O. Box Number is Not Acceptable) 3670 Northwind Ct City JUPITER FL Zip Code 33470	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ELMS, ANNETTE S 18529 SE HERITAGE DR. TEQUESTA, FL 33469	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3670 Northwind Ct JUPITER FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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.

SIGNATURE.



President

3/7/08