


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90034 040 ****61.25

DOCUMENT # N02000004687 1. Entity Name PASCO ELITE ALL STARS, INC.	
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Principal Place of Business 10129 BRIAR CIRCLE HUDSON, FL 34667	Mailing Address P.O. BOX 1765 NEW PORT RICHEY, FL 34656
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3698629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRITT, APRIL R 10129 BRIAR CIRCLE HUDSON, FL 34667	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRITT, APRIL R 10129 BRIAR CIRCLE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOK, KATHERINE M 6831 MESA VERDE ST PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BECK, CRYSTAL 10440 OAK HILL DR PORT RICHEY, FL 34668 <i>7620 MAKO Drive Hudson FL 34667</i>
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 617, 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:  **4/2/05** **727-849-9131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #