

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007729

FILED
Jul 22, 2005
Secretary of State

Entity Name: ELITE SOCIAL EMPOWERMENT GROUP, INC.

Current Principal Place of Business:

2205 LYME BAY DR
ORLANDO, FL 328397532

New Principal Place of Business:

1103 EPON OAKS WAY
ORLANDO, FL 32837 US

Current Mailing Address:

PO BOX 560495
ORLANDO, FL 328560495

New Mailing Address:

P.O. BOX 772752
ORLANDO, FL 32877 US

FEI Number: 59-3748956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALSTEAD, JOHN M
2205 LYME BAY DR
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALSTEAD, JOHN W
Address: 2205 LYME BAY DR
City-St-Zip: ORLANDO, FL 328397532

Title: VD () Delete
Name: HALSTEAD, LAKESHA
Address: 2205 LYME BAY DR
City-St-Zip: ORLANDO, FL 328397532

Title: STD () Delete
Name: CORNEILLE, TERESA
Address: 1861 BUCHANAN BAY CIRCLE UNIT 108
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HALSTEAD, JOHN W
Address: 1103 EPSON OAKS WAY
City-St-Zip: ORLANDO, FL 32837 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. HALSTEAD

PD

07/22/2005

Electronic Signature of Signing Officer or Director

Date