

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001263

FILED
Apr 18, 2007
Secretary of State

Entity Name: ELEVATE INC.

Current Principal Place of Business:

108 SW PEACOCK BLVD
202
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

108 SW PEACOCK BLVD
202
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-4402366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, JOSE L JR
108 SW PEACOCK BLVD
202
PORT ST LUCIE, FL 34986 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: FUNCKE, ROLAND
Address: 858 SE CAVARNAVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VPD () Delete
Name: FREEMAN-CASH, LISA
Address: 5500 NE ST JAMES DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: TD () Delete
Name: PEARCE, TIM
Address: 702 FARMERS MARKET RD
City-St-Zip: FT PIERCE, FL 34982

Title: D () Delete
Name: DAVIS, TERRY
Address: 6653 SAMBA STREET
City-St-Zip: FORT PIERCE, FL 34945

Title: D () Delete
Name: SMITH, JERRY
Address: 2736 47TH PLACE
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: GILBERT, ALAN
Address: 6810 VIENTO WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOWARD, RUDOLPH V
Address: 8487 S U S 1
City-St-Zip: PT ST LUCIE, FL 34952

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

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

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 Chapter 119, 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: JOSE L VEGA JR

ED

04/18/2007

Electronic Signature of Signing Officer or Director

Date