


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N97000006167</b>		
1. Entity Name <b>SANTA'S ELVES, INC.</b>		
Principal Place of Business <b>308 N. JANICE LANE ORMOND BEACH, FL 32714</b>		Mailing Address <b>308 N. JANICE LANE ORMOND BEACH, FL 32714</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01072007 No Chg-NP CR2E037 (4/06)
		4. FEI Number <b>59-3477500</b>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>HILL, BARBARA 308 N. JANICE LANE ORMOND BEACH, FL 32714</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
<b>D HILL, BARBARA A. 308 N. JANICE LANE ORMOND BEACH, FL 32714</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>VD MIX, STU 2668 FLOWING WELL RD DELAND, FL 32720</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>STD YELVINGTON, IRA 308 N. JANICE LANE ORMOND BEACH, FL 32714</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: <u><i>[Signature]</i></u> <b>Jan 12-07-</b> <span style="float: right;">Date Daytime Phone #</span>		