2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the receiver or trustee empowered to execute this report as required by

changed, or on an attachment with an address

SIGNATURE

FILED Apr 06, 2007 08:00 A Secretary of State **DOCUMENT # P00000086322** 1. Entity Name ELM ST ENTERPRISES INC. Principal Place of Business Mailing Address 2110 DREW ST 2110 DREW ST CLEARWATER, FL 33765 CLEARWATER, FL 33765 CR2E034 (11/05) 01142007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3669448 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAKRIS, PETER DO NOT WRITE **2110 DREW ST** CLEARWATER, FL 33765 IN THIS SPACE 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MAKRIS, PETER NAME STREET ADDRESS **2110 DREW ST** CITY-ST-ZIP CLEARWATER, FL 33765 3-019 150.00 NAME. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE: STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP 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

Statutes; and that my name appears in Block 10 or Block 11 if

Davime Phone #