


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000092773 1. Entity Name ELEVENTH HOUR SOLUTIONS, INC.	
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Principal Place of Business 1200 SW 129TH WAY FT LAUDERDALE, FL 33325	Mailing Address 1200 SW 129TH WAY FT LAUDERDALE, FL 33325
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DO NOT WRITE IN THIS SPACE



07032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1046236	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARATA, JAMES D
1200 SW 129TH WAY
FT LAUDERDALE, FL 33325

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-stating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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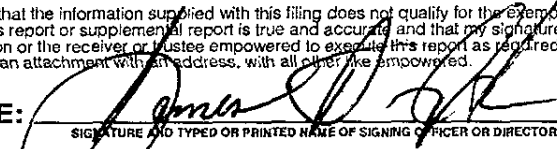
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ARATA, JAMES D 1200 SW 129TH WAY FT LAUDERDALE, FL 33325
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IN THIS SPACE**

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 607, 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:  8/15/05 954-609-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #