2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2006 08:00 AN DOCUMENT # P01000001928 **Secretary of State** 1. Entity Name GEORGE ELLIOTT, INC. Principal Place of Business Mailina Address 10127 N. MILITARY TR. 10127 N, MILITARY TR. PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 04102006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1066372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLIOTT, GEORGE DO NOT WRITE 1027 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ELLIOTT, GEORGE NAME STREET ADDRESS 10127 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410 COY-ST-ZIP U00000535058 05/08/06-80037-009 158.75 TITLE NAME STIREET ADDRESS CITY-ST-ZIP MAKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CRY-ST-ZIP THE NAME STREET ADDRESS

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 it 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-06

561-436-6839

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