


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000122254</b> 1. Entity Name ELITE IMAGING SERVICES, INC.	
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Principal Place of Business 1206 FLORIDA AVE LYNN HAVEN, FL 32444	Mailing Address 1206 FLORIDA AVE LYNN HAVEN, FL 32444
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0050357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, SALLY W  
1206 FLORIDA AVE  
LYNN HAVEN, FL 32444

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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-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STANLEY, SALLY W 1206 FLORIDA AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY, MATTHEW J 1206 FLORIDA AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY, PAMELA A 1206 FLORIDA AVE LYNN HAVEN, FL 32444
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01/17/07-80087-006 150.00

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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 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:** Sally W Stanley 1/12/07 850 271 4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #