2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048963

Entity Name: ELITE DISTINCTIONS, INC.

Apr 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8770 CANOPY OAKS DR. JACKSONVIILLE, FL 32256 **Current Mailing Address: New Mailing Address:** 10151 DEERWOOD PARK BLVD. BLDG 200, SUITE # 250-209 JACKSONVILLE, FL 32256 FEI Number: 03-0449290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOSS, YOLINDA H 8770 CANOPY OAKS DR JACKSONVILLE, FL 32256 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HUNTER, ANTHONY D DOSS, YOLINDA H Name: Name: 812 EAST QUIVER ST. 8770 CANOPY OAKS DR Address: Address: City-St-Zip: RULEVILLE, MS 38771 US City-St-Zip: JACKSONVILLE, FL 32256 US Title: (X) Change () Addition Title: () Delete DOSS, YOLINDA H Name: Name: DOSS, ALPHONSO M 8770 CANOPY OAKS DR. 8770 CANOPY OAKS DR Address: Address: JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: DOSS, ALPHONSO M HUNTER, ANTHONY D Name: Name: 8770 CANOPY OAKS DR. 812 EAST QUIVER ST Address: Address: JACKSONVILLE, FL 32256 US City-St-Zip: RULEVILLE, MS 38771 US City-St-Zip: Title: () Delete Title: (X) Change () Addition HUNTER, TIFFANY D HUNTER, TIFFANY D Name: Name: Address: 2061 LAKE PARK DRIVE, APT A Address: 2029 LAKE PARK DRIVE, APT B City-St-Zip: SMYRNA, GA 30080 US City-St-Zip: SMYRNA, GA 30080 US Title: Title: () Change (X) Addition () Delete HUNTER, SHIRLEY Name: Name: Address: 812 EAST QUIVER ST Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

RULEVILLE, MS 38771 US

SIGNATURE: YOLINDA H DOSS P/T 04/13/2004

City-St-Zip: