

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

24073543

<b>DOCUMENT # P02000057414</b>				05-10-2004 90454 002 ***150.00	
1. Entity Name <b>ELITE LINE SERVICES, INC.</b>					
Principal Place of Business <b>476 SOUTHRIDGE INDUSTRIAL DR TAVARES, FL 32778</b>		Mailing Address <b>476 SOUTHRIDGE INDUSTRIAL DR TAVARES, FL 32778</b>		<b>24073543</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>32-0015713</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CLASP INC. 3100 TAMiami TR N 4 FLOOR NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>John S. Majewski</b> Street Address (P.O. Box Number is Not Acceptable) <b>476 Southridge Industrial Dr</b> City <b>Tavares,</b> FL Zip Code <b>32778</b>	
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  <b>JOHN S. MAJEWSKI</b> <b>VP</b> <b>4/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTONG, HENDRIK J JR BRYNWOOD PARTNERS 2 SOUND VIEW DR GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCTAGGART, IAN B BRYNWOOD PARTNERS 2 SOUND VIEW DR GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCABE, JOAN Y BRYNWOOD PARTNERS 2 SOUND VIEW DR GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJEWSKI, THEODORE J 476 SOUTHRIDGE INDUSTRIAL DR TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJEWSKI, JOHN S 476 SOUTHRIDGE INDUSTRIAL DR TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>DIRECTOR/VP</b> <b>4/29/04</b> <b>352 343 1500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					