2007 FOR PROFIT CORPORATION

FILED Mar 15, 2007 08:00 Al **ANNUAL REPORT** DOCUMENT # P02000072610 **Secretary of State** 1. Entity Name ELITÉ HOLDINGS GROUP III, INC. Mailing Address Principal Place of Business 152 NE 167TH ST SUITE 300 152 NE 167TH ST SUITE 300 MIAMI, FL 33162 MIAMI, FL 33162 02162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0737112 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIVIL TRIAL PRACTICE, P.A. DO NOT WRITE 152 NE 167TH ST. STE. 300 IN THIS SPACE MIAMI, FL 33162 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 SIGNATURE. Stooglege, Wood or printed name of registered appet and title if applicable DATE (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000668106 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/27/07-80009-023 150.00 OFFICERS AND DIRECTORS 10. TITLE AELION, DAVID NAME STREET ADDRESS 152 NE 167TH STREET # 300 CITY-ST-ZIP MIAMI, FL 33162 TITLE MAUE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 ne empawered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR