


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90236 033 ***150.00

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|---|--|--|---|--|--|
| DOCUMENT # P02000099399 | | | |  | |
| 1. Entity Name ELITE MARKETING GROUP, INC. | | | | | |
| Principal Place of Business 14293 NEPTUNE RD. SEMINOLE, FL 33776 | | | Mailing Address 14293 NEPTUNE RD. SEMINOLE, FL 33776 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CRAIG, PRISCILLA 11590 SHIPWATCH DR STE 442 LARGO, FL 33774 | | | | Name Street Address (P.O. Box Number is Not Acceptable) 14293 NEPTUNE RD City SEMINOLE FL Zip Code 33776 | |
| 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 <i>Priscilla Craig</i> <small>Signature, typed or printed name of registered agent and date if applicable.</small> | | PRISCILLA CRAIG <small>(NOTE: Registered Agent signature required when reinstating)</small> | | 3/10/2006 <small>DATE</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete CRAIG, PRISCILLA D 11590 SHIPWATCH DR STE 442 LARGO, FL 33774 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14293 NEPTUNE RD SEMINOLE, FL 33776 | |
| 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 | |
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| 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 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: <i>Priscilla Craig</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | PRISCILLA CRAIG | | 3/10/06 <small>Date</small> | |
| 727-480-1080 <small>Daytime Phone #</small> | | | | | |