


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90012 039 \*\*\*150.00

<b>DOCUMENT # P02000113247</b>	
1. Entity Name ELYN INCORPORATED	

Principal Place of Business 665 SE 10TH STREET SUITE 201 DEERFIELD BEACH, FL 33441	Mailing Address 3170 N FEDERAL HWY STE 103C LIGHTHOUSE PT, FL 33064
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2. Principal Place of Business 6450 LAS FLORES DR Suite, Apt. #, etc.	3. Mailing Address 665 SE 10th ST Suite, Apt. #, etc. 201
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City & State Boca Raton FL	City & State Deerfield Bch FL
Zip 33433	Zip 33441
Country US	Country US

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01202006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0487851	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DICRESCENZO, ANGELA D 3170 N FEDERAL HIGHWAY #103-H STE 103C LIGHTHOUSE POINT, FL 33064	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 665 SE 10th Street 201 City Deerfield Bch FL Zip Code 33441	
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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 Angela M. Crescenzo Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 1/20/06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTON, ELYN 6450 LAS FLORES DRIVE BOCA RATON, FL 33433 <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	V MARTON, MURRAY 6450 LAS FLORES DRIVE BOCA RATON, FL 33433 <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
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: Elyn Marton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/20/06 Daytime Phone #