2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 08:00 AM Secretary of State

1. Entity Nar	POCUMENT # P0300002388 Entity Name LORIDA ELITE VILLAS, INC. Incipal Place of Business			Secretary of State		
8604 TUDO KISSIMMEE,	IR COURT					
		STORE TO PERSON TO SERVICE AND ADMINISTRATION OF THE PERSON OF THE PERSO	- desirate av deræst filt		im ereine intimt surremmt er entilt:	
DO NOT WRITE IN THIS SPA			A TOP TO THE STATE OF THE STATE	01142005 No. 4. FEI Number NOT APPLICA	BLE	Applied For Not Applicable
			<u></u>	5. Certificate of Status		8.75 Additional se Required
54446	6. Name and Address of Current Regi					
BANKS, GEORGINA 8604 TUDOR COURT			DO NOT WRITE			
KISSIMMEE, FL 34747			IN THIS SPACE			
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 Signature, typed or printed name of registered agent and title 4 applicable (NOTE, Registered Agent signature required when reliestating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 S. Election Campalgn Financing \$5.00 May to Trust Fund Contribution.						
10.	OFFICERS AND DIRE	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	BANKS, SHIRLEY 8604 TUDOR COURT KISSIMMEE, FL 34747	·				
TITLE NAME STREET ADDRESS CITY -ST-ZIP				01	U0000018872 24/05-80066/	6 -020 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · ·		
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 anadress, with at other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proces						