


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90008 019 ***150.00

DOCUMENT # P03000006333

1. Entity Name
ELITE INVESTORS INC



Principal Place of Business Mailing Address ~

10766 HIDDEN BEND WAY **10766 HIDDEN BEND WAY**
WELLINGTON, FL 33414 **WELLINGTON, FL 33414**

50002632

2. Principal Place of Business 3. Mailing Address

1859 RUSHDEN DRIVE **1859 RUSHDEN DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

OCOOE, FL **OCOOE FL**

Zip Country Zip Country

34761 USA **34761 USA**

01042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

01-0763194 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DHANNU, PURSHOTAM
10766 HIDDEN BEND WAY
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1859 RUSHDEN DRIVE

City State Zip Code

OCOOE FL 34761

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 **PURSHOTAM DHANNU** DATE **01-07-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

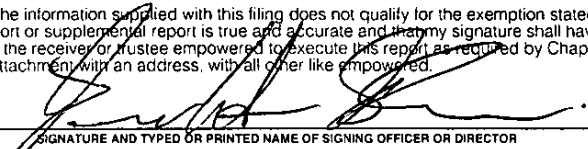
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	S/T	<input type="checkbox"/> Delete
NAME	DHANNU, PURSHOTAM	
STREET ADDRESS	10766 HIDDEN BEND WAY	
CITY - ST - ZIP	WELLINGTON, FL 33414	
TITLE	V	<input type="checkbox"/> Delete
NAME	NARAIN, HEMAN	
STREET ADDRESS	10766 HIDDEN BEND WAY	
CITY - ST - ZIP	WELLINGTON, FL 33414	
TITLE	P	<input type="checkbox"/> Delete
NAME	DHANNU, RAGNAUTH	
STREET ADDRESS	10766 HIDDEN BEND WAY	
CITY - ST - ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1859 RUSHDEN DRIVE	
CITY - ST - ZIP	OCOOE FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1859 RUSHDEN DRIVE	
CITY - ST - ZIP	OCOOE FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address, with all other like empowered.

SIGNATURE:  Date **01-07-05** Daytime Phone # **407-654-4947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR