


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90012 012 ***158.75

DOCUMENT # P03000006333

1. Entity Name
ELITE INVESTORS INC



Principal Place of Business
1829 MADISON IVY CIRCLE
APOPKA, FL 32712

Mailing Address
1829 MADISON IVY CIRCLE
APOPKA, FL 32712

40022815



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02172007 Chg-P CR2E034 (12/06)

4. FEI Number
01-0763194

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DHANNU, PURSHOTAM
1829 MADISON IVY CIRCLE
APOPKA, FL 32712

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	1829 MADISON IVY CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	V	<input checked="" 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	1829 MADISON IVY CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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 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: _____ **02/19/2007** **407-358-8404**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #