2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# P03000075284

Entity Name: ELEVATION TECHNOLOGIES CORPORATION

Current Principal Place of Business:

7601 SW LOST RIVER ROAD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

7601 SW LOST RIVER ROAD
STUART, FL 34997

New Mailing Address:

FEI Number: 20-0089074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARDENAS, JOSE H
5383 SE MILES GRANT RD
UNIT B 204
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CARDENAS, JOSE H	
Address:	5383 SE MILES GRANT RD UNIT B 204	
City-St-Zip:	STUART, FL 34997	
Title:	V	( ) Delete
Name:	ORTIZ, BEATRIZ	
Address:	5383 SE MILES GRANT RD UNIT B 204	
City-St-Zip:	STUART, FL 34997	
Title:	S	( ) Delete
Name:	CARDENAS, TATIANA	
Address:	5383 SE MILES GRANT RD UNIT B 204	
City-St-Zip:	STUART, FL 34997	
Title:	T	( ) Delete
Name:	CARDENAS, MELINA	
Address:	5383 SE MILES GRANT RD UNIT B 204	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	RIVAS, LEONARDO	
Address:	5383 SE MILES GRANT RD., UNIT B-204	
City-St-Zip:	STUART, FL 34997	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARDO RIVAS D 02/07/2006

Electronic Signature of Signing Officer or Director — Date