Sent By: ACCOUNTING OFFICES; + ; J

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90096 014 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083302

1. Entity Name
ELITE EQUINE ANALYSIS, INC.

Principal Place of Business	Mailing Address
18100 SW 50TH ST FT LAUDERDALE, FL 33331	18100 SW 50TH ST FT LAUDERDALE, FL 33331

50057237

06302005 No Chg-P # CR2E00A (01/0

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2380319

5. Certificate of Status Desired $8.75 Fee

6. Name and Address of Current Registered Agent

MOORE, ADRIENNE
18100 SW 50TH ST
FT LAUDERDALE, FL 33331

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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 the obligations of registered agent.

SIGNATURE _____ DATE
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(d), F.S., this corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MOORE, ADRIENNE
STREET ADDRESS	18100 SW 50TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 11 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Adrienne Moore x 7/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE