
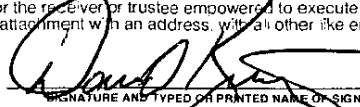


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90005 042 ***550.00

DOCUMENT # P03000084704 1. Entity Name ELUSIVE QUALITY, INC.					
Principal Place of Business 3209 SW PORT ST. LUCIE BLVD. BOX #139 PORT ST. LUCIE, FL 34953			Mailing Address 3209 SW PORT ST. LUCIE BLVD. BOX #139 PORT ST. LUCIE, FL 34953		
2. Principal Place of Business 3209 SW Port St Lucie Blvd #139 Suite, Apt. #, etc. Port St. Lucie, FL Zip 34953		3. Mailing Address 3209 SW Port St Lucie Blvd box #139 Suite, Apt. #, etc. Port St. Lucie, FL Zip 34953			
4. FEI Number 77 062 6220		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07292004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent KURTZ, DAVID 3209 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953			7. Name and Address of New Registered Agent David Kurtz 3209 SW Port St. Lucie Blvd #139 Port St. Lucie FL 34953		
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:  DATE: 8-25-04 <small>Signature (w/holder printed name) of registered agent is required if applicable. (NOTE: Registered Agent signature required when installing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D KURTZ, DAVID 3209 SW PORT ST. LUCIE BLVD. #139 PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 I 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: 8-25-04		