
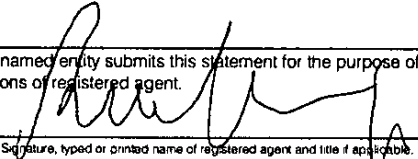
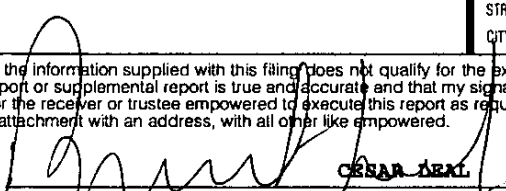


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90170 044 ***150.00

DOCUMENT # P03000109782 1. Entity Name ELITE CROWN MOLDING, INC.					
Principal Place of Business 214 PARKWAY CT WEST PALM BEACH, FL 33413			Mailing Address 214 PARKWAY CT WEST PALM BEACH, FL 33413 US		
2. Principal Place of Business 143 KAPOK CRESCENT CIR		3. Mailing Address 143 KAPOK CRESCENT CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ROYAL PALM BEACH, FL		City & State ROYAL PALM BEACH, FL		4. FEI Number 56-2373862	
Zip 33411		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAL, CESAR 214 PARKWAY CT WEST PALM BEACH, FL 33413			7. Name and Address of New Registered Agent Name CESAR LEAL Street Address (P.O. Box Number is Not Acceptable) 143 KAPOK CRESCENT CIR City ROYAL PALM BEACH FL Zip Code 33411		
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 		CESAR LEAL		04/11/2006	
(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 PD NAME LEAL, CESAR STREET ADDRESS 214 PARKWAY COT CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete		TITLE P NAME LEAL, CESAR STREET ADDRESS 143 KAPOK CRESCENT CIR CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LEAL, MARIA STREET ADDRESS 214 PARKWAY CT CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		CESAR LEAL		04/11/2006	
(NOTE: Registered Agent signature required when reinstating)		DATE			