

900278/5

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90028 036 ***150.00

DOCUMENT # P04000040955 1. Entity Name ELITE SWIM CAMPS, INC.																			
Principal Place of Business 383 DRIFTWOOD TERRACE BOCA RATON, FL 33431 US		Mailing Address 383 DRIFTWOOD TERRACE BOCA RATON, FL 33431 US																	
2. Principal Place of Business 5327 Park Place Cir Suite, Apt. #, etc.		3. Mailing Address 5327 Park Place Cir Suite, Apt. #, etc.																	
City & State Boca Raton FL		City & State Boca Raton FL																	
Zip 33486		Zip 33486																	
Country USA		Country USA																	
4. FEI Number 34-1982768		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent HELLER, STEVEN C 123 NW 13TH STREET 21406 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																	
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 4/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																	
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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: 		Date 4/18/06																	

from the maps