2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049990

Entity Name: ELCOME ENTERPRISES, INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

243 W. PARK AVENUE 13941 FOLKSTONE CIRCLE, D SUITE 201 WELLINGTON, FL 33414

WINTER PARK, FL 32789 US

New Mailing Address: Current Mailing Address:

243 W. PARK AVENUE 13941 FOLKSTONE CIRCLE, D SUITE 201 WELLINGTON, FL 33414 US WINTER PARK, FL 32789 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LARSEN, ERIK C ELCOME, STEVEN 243 W. PARK AVENUE 13941 FÓLKSTONE CIRCLE, D

SUITE 201 WELLINGTON, FL 33414 WINTER PARK, FL 32789 US

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: STEVEN ELCOME 02/02/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ELCOME, STEVEN ELCOME, STEVEN Name: Name: 39 ALFRED ROAD 13941 FOLKSTONE CIRCLE, D Address: Address:

City-St-Zip: GRAVESEND, KENT, UK DA11 7QF UK City-St-Zip: WELLINGTON, FL 33414 US

Title: VD Title: VD (X) Change () Addition () Delete Name: ELCOME, NICHOLA Name: ELCOME, NICHOLA

39 ALFRED ROAD Address: 13941 FOLKSTONE CIRCLE, D Address: GRAVESEND, KENT, UK DA11 7QF UK WELLINGTON, FL 33414 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN ELCOME **PRES** 02/02/2005