

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087092

FILED
Mar 07, 2006
Secretary of State

Entity Name: ELMS INVESTMENT GROUP, INC.

Current Principal Place of Business:

10720 SW 10 CT
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

10720 SW 10 CT
DAVIE, FL 33324

New Mailing Address:

P.O. BOX 22842
FT LAUDERDALE, FL 33335

FEI Number: 54-2153387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPREE, SHARON O
133 RIVERA CIR
WESTON, FL 333263112 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIBLASI, MICHAEL
Address: 425 SE 11 TER #103
City-St-Zip: DANIA, FL 33004

Title: D () Delete
Name: CHOLAKIS, LEON W
Address: PO BOX 26 7592
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: DUPREE, SHARON O
Address: 133 RIVERA CIR
City-St-Zip: WESTON, FL 333263112

Title: D () Delete
Name: MARIN TORRES, ELYFREDO
Address: 10720 SW 10 CT
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIBLASI, MICHAEL
Address: 4810 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHARON O DUPREE

D

03/07/2006

Electronic Signature of Signing Officer or Director

_____ Date