

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000123117

Entity Name: ELITE LINEN INC.

**FILED**  
**Aug 11, 2009**  
**Secretary of State****Current Principal Place of Business:**4100 POWER LINE  
BAY # M5  
DEERFIELD BEACH, FL 33073**New Principal Place of Business:****Current Mailing Address:**4100 POWER LINE  
BAY # M5  
DEERFIELD BEACH, FL 33073**New Mailing Address:**5212 N. W. 54 TH AVENUE  
COCONUT CREEK, FL 33073

FEI Number: 05-0607765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**JESKEY, RICHARD T  
4100 POWER LINE  
BAY # M5  
DEERFIELD BEACH, FL 33073 US**Name and Address of New Registered Agent:**JESKEY, PAUL A  
5212 N. W. 54TH AVENUE  
COCONUT CREEK, FL 33073 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: PAUL A. JESKEY

08/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: DPST ( ) Delete  
Name: JESKEY, PAUL A  
Address: 5212 NW 54TH AVE  
City-St-Zip: COCONUT CREEK, FL 33073 USTitle: CEO (X) Delete  
Name: JESKEY, RICHARD T  
Address: 4100 POWER LINE  
City-St-Zip: DEERFIELD BEACH, FL 33073Title: CEO (X) Delete  
Name: JESKEY, ESTELLE  
Address: 4100 POWER LINE  
City-St-Zip: DEERFIELD BEACH, FL 33073**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**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 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: PAUL A. JESKEY

DPST

08/11/2009

Electronic Signature of Signing Officer or Director

Date