2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000152129

1. Entity Name ELECTRONIC LOCATOR SERVICE INC.

Mailing Address

Principal Place of Business 19627 STAR ISLAND DR BOCA RATON, FL 33498

19627 STAR ISLAND DR BOCA RATON, FL 33498

FILED Apr 07, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01062006

4. FEI Number 34-2023256

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIOFFI, SALVATORE 19627 STAR ISLAND DR BOCA RATON, FL 33498

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 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 Signature, typed or printed name of registered aport and title if applicable (NOTE Registered Agent signature required when re-installing) DATE | | | | | |
| FILE NOWII! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CIOFFI, SALVATORE 19627 STAR ISLAND DR BOCA RATON, FL 33498 | | | | - |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000496535 04/22/06-80015-023 150.0 0 |
| TITLE NAME SIPEE! ADDRESS CITY-ST-ZIP | | | | | NOT WRITE |
| name Street address City-St-Zip | | | | ĮN. | THIS SPACE |
| name Street address Guy-Si-Zip | | | | | - |
| TITLE NAME STREET ADDRESS CITY-ST-ZIF | | | | | |
| 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 eath; that I am an officer or director of the corporation or the receive 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 attackment with engladdress with all other like empowered. | | | | | |