2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157121

Entity Name: B. MARKS B. ELEVATED PROPERTIES, INC.

FILED Aug 24, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
	ANGONIA CIRO LM BEACH, FL					
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:		
	ANGONIA CIRO LM BEACH, FL					
FEI Number:	: 20-2000838	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1462 N. M	, BARBER M ANGONIA CIRO ANGONIA CIRO	CLE, CLE,, FL 33401 US				
	named entity s of Florida.	ubmits this statement for th	e purpose of changing its register	ed office or registered agent, or both,		
SIGNATUR	RE:					
		c Signature of Registered /	Agent	Date		
		(2)(b), F.S., the corporation did Trust Fund Contribution ().	d not receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () BARBER, BARB 1462 N. MANGC WEST PALM BE	NIA CIRCLE,	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () GRAVES, MARII 557 CHESTNUT JACKSONVILLE	DRIVE	Title: Name: Address: City-St-Zip:	() Change() Addition		
Title: Name: Address: City-St-Zip:	S () CRAWFORD, G 26 SANFORD TI IRVING, NJ 071	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	T () BARBARA, BAR 1462 MANGONI		Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: BARBARA M. BARBER P 08/24/2005

WEST PALM BEACH, FL 33401

City-St-Zip: