2007 FOR PROFIT CORPORATION - ANNUAL REPORT

Apr 27, 2007 08:00 A Secretary of State **DOCUMENT # P05000013103** ELITÉ SPORTS MARKETING, INCORPORATED Principal Place of Business Mailing Address 4020 TAMPA RD. 4020 TAMPA RD OLDSMAR, FL 34677 OLDSMAR, FL 34677 03052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0614630 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MONETTE, SCOT 120 STANTON CIRCLE OLDSMAR, FL 34677 IN THIS SPACE 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MONETTE, SCOT J 120 STANTON CIRCLE STREET ADDRESS OLDSMAR, FL 33467 CITY-ST-ZIP U00000740148 TITLE 05/14/07-80055-018 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 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 in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR



Daytime Prone #

FILED