FILED Mar 28, 2008 8:00 am Secretary of State 03-28-2008 90030 036 ***150.00

2008 FOR PROFIT CORPORATION

ANNUAL REPORT						03-28-2	008 90030 030	130.00	
DOCUMENT # P05000019690 1. Entity Name ELEGANT ENTRIES OF CENTRAL FLORIDA, INC.					4005	3432			
Principal Place	e of Business	Mailing Address	Address		— ₫002	0.1-			
2520 RONAL	D REAGAN BLVD	1342 VALHALLA STRF	1342 VALHALLA STREET						
SUITE 164		DELTONA, FL 32725							
LONGWOOD	FL 32750 US						10 PS(S) (1818 18118 P(118 1811) PS	(188) (I JRT)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02292008	Chg-P	CR2E034 (12/06)		
City & State	е	City & State	City & State		4. FEI Numbe 20-230			oplied For at Applicable	
Zip	Country Zip Cou		Country	у	5 Certificate	of Status Desired	□ \$8.75 Ad	ditional	
							Fee Require	d	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
CACLIARRI PATRICIA					Name Louis Gagliardi				
GAGLIARDI, PATRICIA 1342 VALHALLA STREET					Street Address (P.O. Box Number is Not Acceptable) 2520 Romald Reagon Blid Ste 164				
DELTONA, FL 32725					2520 R	snald R	eagon Blod S	He 164	
				City	Longwood		FL Zip Coo	50	
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 D3-08-08									
Signate, types or printed name of logistared ages, notified if poplicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE	P			(Change	Addition	
NAME	GAGLIARDI, LOUIS		NAME	6	agliardi, La	uis _			
STREET ADDRESS	1342 VALLHALLA STREET			ADDRESS 25	20 Ronald	Reagon B	ive Suite 16	*	
C:TY-ST-ZiP	DELTONA, FL 32725		CITY-S	ST-ZIP 🐛	ungweed.	FL 3275	<u>ح ج</u>		
TITLE	VP	☐ Delete	TITLE				☐ Change	Addition	
NAME	CALABRO, STEPHEN		NAME						
STREET ADDRESS	1342 VALHALLA STREET			ADDRESS					
CITY-ST-ZIP	DELTONA, FL 32725		CITY+S	51-ZIP					
TITLE		☐ Delete	TITLE	1			☐ Change	☐ Addition	
NAME CIRET ADDRESS			NAME	T ADDRESS					
STREET ADDRESS CITY-ST-Z:P			CITY-S						
		- Davis					[7] Channe	☐ Addition	
TITLE NAME		☐ Delete	TITLE				Change	Addition	
STREET ADDRESS				r address					
CITY-ST-ZIP			CITY-S	- 1					
TITLE			TITLE				☐ Change	☐ Addition	
NAME			NAME				[] Orange		
STREET ADDRESS				T ADDRESS					
C!TY-ST-ZiP			CITY-S	ST-ZIP					
TITLE	•	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME '		_ 50000	NAME	1					
STREET ADDRESS	Mark the second		STREET	T ADDRESS				,	
CITY-ST-ZP			CITY-S						
	certify that the information supplie								
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 typical 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: Vocis L. Sylmica 03-08-08									