

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047765

FILED
Sep 01, 2006
Secretary of State

Entity Name: ELITE CREDIT SERVICES INC.

Current Principal Place of Business:

2651 ROCK ISLAND RD #106
MARGATE, FL 33063

New Principal Place of Business:

6129 NW DURIAN ST
PORT ST LUCIE, FL 34986

Current Mailing Address:

2651 ROCK ISLAND RD #106
MARGATE, FL 33063

New Mailing Address:

6129 NW DURIAN ST
PORT ST LUCIE, FL 34986

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYDE, WILLIAM
2651 ROCK ISLAND RD #106
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

HYDE, WILLIAM
6129 NW DURIAN ST
PORT ST LUCIE, FL 34986 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: WILLIAM HYDE

09/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HYDE, WILLIAM
Address: 2651 ROCK ISLAND RD #106
City-St-Zip: MARGATE, FL 33063

Title: VP/T () Delete
Name: HYDE, WILLIAM
Address: 2651 ROCK ISLAND RD #106
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: HYDE, WILLIAM
Address: 2651 ROCK ISLAND RD #106
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HYDE, WILLIAM
Address: 6129 NW DURIAN ST
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP/T (X) Change () Addition
Name: HYDE, WILLIAM
Address: 6129 NW DURIAN ST
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S (X) Change () Addition
Name: HYDE, WILLIAM
Address: 6129 NW DURIAN ST
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM HYDE

P

09/01/2006

Electronic Signature of Signing Officer or Director

Date