
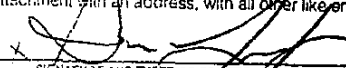


FILED
Mar 13, 2006 8:00 am
Secretary of State

66004606

DOCUMENT # P05000052140			
1. Entity Name ELITE CARD SERVICES, INC.			
Principal Place of Business 6773 N. FEDERAL HIGHWAY #109 FORT LAUDERDALE, FL 33308		Mailing Address 6278 N. FEDERAL HIGHWAY #109 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number 20-2667197		Applied For Not Applicable	
Certificate of Status Desired <input type="checkbox"/>		\$3.75 Additional Fee Required	
5. Name and Address of Current Registered Agent SUMRALL, CHRISTOPHER 5124 CORONADO RIDGE BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
6. 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.		FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP		1. TITLE NAME STREET ADDRESS CITY-ST-ZIP	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP		2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		5. TITLE NAME STREET ADDRESS CITY-ST-ZIP	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP		6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: X  DATE: 2-15-06	



ATTACHMENT

66004606

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

ELITE CARD SERVICES, INC.
6278 N. FEDERAL HIGHWAY
#109
FORT LAUDERDALE, FL 33308

Subject: **ELITE CARD SERVICES, INC.**

Reference Number: **P05000052140**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION