2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P05000053811 ELITE SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 8515 S.W. 15TH LANE 8515 S.W. 15TH LANE GAINESVILLE FL 32607 GAINESVILLE FL 32607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 55-0894031 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEEGAN, TIMOTHY P CPA Street Address (P.O. Box Number is Not Acceptable) 9200 N.W. 36TH PLACE SUITE A GAINESVILLE FL 32606 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.VP TITLE ☐ Addition Delete TITLE Change FISCHER, CARL C NAME NAMI 8515 S.W. 15TH LANE STREET ADDRESS STREET ADDRESS U00000745846 GAINESVILLE FL 32607 CITY - ST-ZIP CITY-ST-ZIP <u>05716707-80046</u>-<u> 150,00</u> ☐ Delete IIItE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP TATLE ☐ Delete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-S1-7IP ☐ Delete ☐ Change ☐ Add₁tion HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

Chris Eischer 4/20/07

FILED