

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90009 044 \*\*\*150.00

**DOCUMENT # P05000075083**

1. Entity Name

ELLIS WORLD ALLIANCE CORPORATION



Principal Place of Business  
4500 NW 27TH AVENUE  
C-1  
GAINESVILLE FL 32606  
US

Mailing Address  
4500 NW 27TH AVENUE  
C-1  
GAINESVILLE FL 32606  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-2952817

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

CHANDLER, JAMES R III  
1834 MAIN STREET  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Thomas G. Pye, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
3909 W. Newberry Rd Ste. C  
Gainesville  
City FL Zip Code 32607

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 not submitting)

DATE

1-29-08

**FILE NOW!!! - FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MR. BLEKE, JEFFREY P CEO  
3702 SW 92ND DR.  
GAINESVILLE FL 32608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MR. DAMAH, IMAD PRES.  
4500 NW 27TH AVE., SUITE C-1  
GAINESVILLE FL 32606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby 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 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:

Imad Damah  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08  
Date

352 848-4700  
Daytime Phone #