

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000086934

FILED
Oct 29, 2007
Secretary of State

Entity Name: ELITE SALES AND MARKETING TEAM, INC.

Current Principal Place of Business:

6349 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487

New Principal Place of Business:

950 NORTH FEDERAL HWY #104
POMPANO BEACH, FL 33064

Current Mailing Address:

6349 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-3173202 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCCANN, JOHN
6349 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIGAR, KELLY W
Address: 6349 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: MCCANN, JOHN
Address: 6349 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

Title: S/T (X) Delete
Name: GALANO, LISA
Address: 6349 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCANN, JOHN
Address: 6349 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Change () Addition
Name: GALANO, LISA
Address: 6349 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN MCCANN

Electronic Signature of Signing Officer or Director

P

10/29/2007

Date