2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000105305

1. Entity Name
ELUSIVE ENTERTAINMENT AND FILMWORKS, INC.

Principal Place of Business	Mailing Address
9270 LITTLERIVER DRIVE MIAMI, FL 33147	9270 LITTLERIVER DRIVE MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

08112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3242720	Not Applicable

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

6. Name and Address of Current Registered Agent

BLACKMAN, DEMETRICES
9270 LITTLERIVER DRIVE
MIAMI, FL 33147

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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 reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	BLACKMAN, DEMETRICES
STREET ADDRESS	9270 LITTLERIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33147

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000959601
09/12/08-80003-012 8.75

U00000959601
09/12/08-80003-013 550.00

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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: _____   Sept. 9. 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #