2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P07000004733

Entity Name: ELITE YACHT CARE, INC.

Current Principal Place of Business:

1837 SE MONORE ST
STUART, FL 34997

New Principal Place of Business:

5817 SE CROOKED OAK AVE
HOBE SOUND, FL 33455

Current Mailing Address:

PO BOX 2301
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 30-0399050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPILEK, BRAIN
1837 SE MONORE ST
STUART, FL 34997 US

Name and Address of New Registered Agent:

POPILEK, BRAIN
5817 SE CROOKED OAK AVE
HOBE SOUND, FL 33455 US

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: BRIAN POPILEK 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: POPILEK, BRIAN
Address: 1837 SE MONORE ST
City-St-Zip: STUART, FL 34997

Title: DV ( ) Delete
Name: POPILEK, MICHELLE
Address: 1837 SE MONORE ST
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: POPILEK, BRIAN
Address: 5817 SE CROOKED OAK AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: DV (X) Change ( ) Addition
Name: POPILEK, MICHELLE
Address: 5817 SE CROOKED OAK AVE
City-St-Zip: HOBE SOUND, FL 33455

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: BRIAN POPILEK OWNE 05/01/2009
Electronic Signature of Signing Officer or Director Date