

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048849

Entity Name: ELWILL ASSOCIATES, INC.

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

319 MONROE DRIVE
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

319 MONROE DRIVE
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 22-2409742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORA, ABRAHAM M ESQ.
KAYE SCHOLER LLP
777 S. FLAGLER DR. STE 900. PHILLIPS PT
WEST PALM BEAC, FL 33401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SLATER, TIMOTHY
Address: 319 MONROE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: PDS () Delete
Name: SLATER, TIMOTHY
Address: 319 MONROE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T () Delete
Name: STUMP, MITCHELL
Address: 26 PRINCEWOOD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: SLATER, SUSAN
Address: 319 MONROE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

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: TIMOTHY S SLATER

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

Date