2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
02-25-2008 90033 031 ***150.00

DOCUMENT # P07000070528

1. Entity Name
ELYSIUM HEART CONCEPTS, INC.

66003810

Principal Place of Business	Mailing Address
990 BOULEVARD OF THE ARTS #1403 SARASOTA, FL 34236	990 BOULEVARD OF THE ARTS #1403 SARASOTA, FL 34236

02212008 Chg-P CR2E034 (12/06)

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 26-0679743 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLUM, LAURA A CPA 1800 2ND STREET SUITE 745 SARASOTA, FL 34236	Name: James Goar, CPA Street Address (P.O. Box Number is Not Acceptable): 1590 1st Street City: Sarasota FL Zip Code: 34236

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: James Goar 3-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLOUD, DIANA W 990 BOULEVARD OF THE ARTS #1403 SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HAGER, ANGELA C 3123 ESPANOLA DRIVE SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOGAN, CATHERINE L PO BOX 5025 SARASOTA, FL 34277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit
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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 changed, or on an attachment with an address, with all other like empowered.

✓ **SIGNATURE:** Diana W Cloud