

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000014149 1. Entity Name ELYSIUM INC.					
Principal Place of Business 3044 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 US			Mailing Address 3044 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 6441 Suite, Apt. #, etc.		FILED 05 APR 29 PM 1:51 SECRETARY OF STATE 	
City & State Zip		City & State GULF BREEZE FL 32563		4. FEI Number 59-3164110	
Country USA		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ODENBRETT, SUE M 3044 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name VINCENT D. ODENBRETT Street Address (P.O. Box Number is Not Acceptable) 3705 TIGER POINT BLVD City GULF BREEZE FL Zip Code 32563			
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 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO ODENBRETT, SUE 3053 E RANCHETTE SQUARE GULF BREEZE, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/CEO ODENBRETT, VINCENT D 3705 TIGER POINT BLVD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GULF BREEZE FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	60005423829 05/10/05--01108--027 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 record of 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: VINCENT D. ODENBRETT			APR 20, 2005		850-529-3473
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>