

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000056114

Entity Name: EILRAHC, INC.

FILED
Jun 21, 2005
Secretary of State

Current Principal Place of Business:

340 13TH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

340 13TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3257360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CHARLES
340 E 13TH ST
ST. CLOUD, FL 34769 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

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LEONARD, MALISSA
Address: 1558 PROCTOR ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: SVP () Delete
Name: ANDERSON, JOAN
Address: 340 E 13TH ST
City-St-Zip: SAINT CLOUD, FL 34769

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P () Change (X) Addition
Name: ANDERSON, CHARLES
Address: 340 E 13TH STREET
City-St-Zip: ST. CLOUD, FL 34769 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES ANDERSON

P

06/21/2005

Electronic Signature of Signing Officer or Director

Date