2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # P95000000899 1. Entity Name ELK INVESTMENTS, INC.						01-27-20	06 90036	036 ***1.	50.00	
Principal Place 1858 RINGLI SARASOTA, F	NG BLVD.	Mailing Address 1858 RINGLING BLVD. SARASOTA, FL 34236	US							
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199			in st							
Suite, Apt.	#, etc.	Suite Apt. #, etc.			01242006	Chg-P	CR2E	34 (11/05)		
City & State	osota FL	City & State	FL		4. FEI Number 65-0535			}	plied For at Applicable	
Zip 34.	236 Country USA	Zip 34236	Country A		5. Certificate of	f Status Desired		\$8.75 Add		
	6. Name and Address of Current I				7. Name and	Address of New	Registered			
PATTERS			Name Street A	ddroes (D	O. Boy Numbo	is Not Assents	hlo)			
46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)						
			City		•		FL	Zip Code	9	
The above named entity submits this statement for the purpose of changing its registered office or registered as						n, in the State of			and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.										
				\$5.0 Adde	00 May Be d to Fees					
After Ma	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib	ution.	\$5.0 Adde		CHANGES TO O	FFICERS ANI			
After Ma 10. TITLE NAME	OFFICERS AND DVPS HANSEN, LAURA	Trust Fund Contrib	11. TITLE NAME		ADDITIONS/0			DIRECTORS	S IN 11	
After Ma	OFFICERS AND DVPS	Trust Fund Contrib	11.		ADDITIONS/0					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND DVPS HANSEN, LAURA 1858 RINGLING BLVD. SARASOTA, FL	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1999 Sar	ADDITIONS/O D Main Casota,	st., sui FL 34	te 801 1236			
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12. Thereby certify that the information supplied with this faing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, Fluriner 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 1/24/06

941-365-461 Daytime Phone #