

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000095920



1. Entity Name
 SAO ELITE LOCATIONS, INC.

Principal Place of Business
 11005 N. DALE MABRY
 TAMPA, FL 33618

Mailing Address
 11005 N. DALE MABRY
 TAMPA, FL 33618



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3379305	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELO, CHRISTOPHER
 4415 CARROLLWOOD VILLAGE DR
 TAMPA, FL 33624

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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 _____

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT, D
NAME	ANGELO, CHRISTOPHER
STREET ADDRESS	4415 CARROLLWOOD VILLAGE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	T
NAME	OLIN, JOHN H
STREET ADDRESS	18508 KINGBIRD DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VP
NAME	SEMOLA, VINCENT
STREET ADDRESS	15906 NORTHLAKE VILLAGE DR.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/22/07-80059-021 150.00

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/07 (813) 265-7310