## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000009783

Entity Name: ELITE HEALTH CARE SERVICES INC.

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	′ 17 SOUTH FL 34266 l	JS			
Current Mailing Address:			New Mailing Address:		
P.O. BOX ARCADIA,	2444 FL 34265				
FEI Number:	: 65-0651944	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1682 NE T ARCADIA,		JS submits this statement for the r	ourpose of changing its registere	ed office or registered agent, or both,	
	of Florida.		san pood on onlanging no regions	a emoc en regionales agent, en zeun,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST () JACKSON, EDM 1682 NE TURNE ARCADIA, FL 3	ER AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () HEMLEY, CATH 3081 NE DAIRY PALM BAY, FL	TERR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: EDMUND N JACKSON PST 03/15/2007