


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000015594 1. Entity Name ELHI, INC.	
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Principal Place of Business 2968 RAVENSWOOD ROAD #107 AND #108 FT. LAUDERDALE, FL 33312 US	Mailing Address 2968 RAVENSWOOD ROAD #107 AND #108 FT. LAUDERDALE, FL 33312 US
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DO NOT WRITE IN THIS SPACE

FILED
08 FEB 28 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0645652	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IRVINE, EDISON L 2968 RAVENSWOOD ROAD #107 AND #108 FT. LAUDERDALE, FL 33312
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVINE, EDISON L 2968 RAVENSWOOD ROAD #107 AND #108 FT. LAUDERDALE, FL 33312
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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:  **Edison L. Irvine 222.08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #