


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90011 031 ***150.00

DOCUMENT # P96000033029	
1. Entity Name ACR ELITE GROUP, INC.	

Principal Place of Business 4030 HENDERSON BLVD TAMPA, FL 33629	Mailing Address 6909 BEACH BLVD. HUDSON, FL 34667
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent STROHAUER, GARY N ESQ. 1150 CLEVELAND ST STE 300 CLEARWATER, FL	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D <input type="checkbox"/> Delete
NAME	PAXTON, PAULA
STREET ADDRESS	6909 BEACH BLVD.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	ST <input type="checkbox"/> Delete
NAME	SMITH, JENNIFER M
STREET ADDRESS	6909 BEACH BLVD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D <input type="checkbox"/> Delete
NAME	SWEETIN, JAMES
STREET ADDRESS	4030 HENDERSON BLVD.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	P <input type="checkbox"/> Delete
NAME	PAXTON, JAMES N
STREET ADDRESS	6909 BEACH BLVD.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Sweetin
STREET ADDRESS	2501 W. Bay Drive
CITY-ST-ZIP	Largo, FL 33770
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 2/4/05 Daytime Phone #: 727 863-2604