2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P96000091206 04-16-2007 90091 015 ***150.00 1. Entity Name ELS & ASSOCIATES, INC. Principal Place of Business Mailing Address 400000-**104 N EVERS STREET 104 N EVERS STREET** SUITE 101 SUITE 101 PLANT CITY, FL 33563 PLANT CITY, FL 33563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address × 437 Apollo Beach Blvd 437 Apollo Beach Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 03252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Apollo Beach, FL 33572 Apollo Beach, FL 33572 59-3411783 Not Applicable L Country Hillsborough Country Hillsborough \$8.75 Additional 33572 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Snyder, Eric L SNYDER, ERIC L Street Address (P.O. Box Number is Not Acceptable) 104 N EVERS STREET SUITE 101 PLANT CITY, FL 33563 437 Apollo Beach Boulevard City Zip Code Apollo Beach miss 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 8. The above named of the obligations 3/29/07 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!/ FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D XX Change TITLE ☐ Delete TITLE ☐ Addition SNYDER, ERIC L NAME NAME 🛂 Šnyder, Eric L 104 N EVERS STREET, STE 101 STREET ADDRESS STREET ADDRESS 437 Apollo Beach Boulevard CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 33563 Apollo Beach, FL 33572 ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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 truesee 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 attactyring the statutes, with all other like empowered. indicated on this report or of the corporation or the changed, or on an attaching 813-645-5300 SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

Snyder, President

FILED