


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90038 036 ***150.00

DOCUMENT # P97000036191	
1. Entity Name ELLIS INTERNATIONAL, INC.	

Principal Place of Business 2876 CHELSEA PLACE SOUTH CLEARWATER, FL 33759	Mailing Address 2876 CHELSEA PLACE SOUTH CLEARWATER, FL 33759
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2. Principal Place of Business - No P.O. Box # 500 N Bayshore Blvd	3. Mailing Address 500 N Bayshore Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater FL	City & State Clearwater FL
Zip 33759	Zip 33759
Country USA	Country USA



03192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3444934	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 ELLIS, RON C 2876 CHELSEA PLACE S CLEARWATER, FL 33759	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 500 N Bayshore Blvd	
City Clearwater	FL Zip Code 33759

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 **Ronald C Ellis Pres.** DATE **4/5/07**
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE 500 N Bayshore Blvd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, RON C		NAME Clearwater FL 33759	
STREET ADDRESS 2876 CHELSEA PLACE S		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER, FL 33759		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: **Ronald C Ellis** Date **4-5-07**
Signature and typed or printed name of signing officer or director