FILED 2008 FOR PROFIT CORPORATION ANNUAL REPORT Apr 16, 2008 08:00 Al Secretary of State **DOCUMENT # P97000064198** 1. Entity Name ELJH, INC. Principal Place of Business Mailing Address 201 NORTH FRANKLIN ST 201 NORTH FRANKLIN ST · **SUITE 3200 SUITE 3200** TAMPA, FL 33602 TAMPA, FL 33602 No Chg-P CR2E034 (11/05) 02132008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3466234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAMAHA, STEVEN M DO NOT WRITE 201 N. FRANKLIN STREET **SUITE 3200** IN THIS SPACE TAMPA, FL 33602 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. 00000033473 04/29/08-80003-008 150.00 PSD TITLE SAMAHA, STEVEN M NAME STREET ADDRESS 201 N FRANKLIN ST STE 3200 CITY-ST-ZIP TAMPA, FL 33602 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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 all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI NG OFFICER OR DIRECTOR