

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000031706 1. Entity Name ELITE INVESTIGATIVE SERVICES, INC.	
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Principal Place of Business P.O. BOX 260999 TAMPA, FL 33685-0999	Mailing Address P.O. BOX 260999 TAMPA, FL 33685-0999
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04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3504650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GERARDO, ANTHONY J III
 7612 WINGING WAY DRIVE
 TAMPA, FL 33615**

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6. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSTD GERARDO, ANTHONY III P.O. BOX 260999 TAMPA, FL 336850999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GERARDO, EUGENIE A P.O. BOX 260999 TAMPA, FL 336850999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/18/06-80041-003 150.00

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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: Eugenie A. Gerardo / Eugenie A. Gerardo 4-2806 813-987-4085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #