2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2004 08:00 AM Secretary of State **DOCUMENT # P98000086000** 1. Entity Name ELITE CREATIONS, INC. Principal Place of Business Mailing Address 20911 JOHNSON STREET #132 20911 JOHNSON STREET #132 PEMBROKE PINES, FL. 33029 PEMBROKE PINES, FL 33029 04022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0868280 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTERS, PAMELA DO NOT WRITE 20911 JOHNSON STREET #132 PEMBROKE PINES, FL 33029 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U000000167496 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/03/04-36016-823 158.75 OFFICERS AND DIRECTORS 10. IIILE WALTERS, PAMELA NAME 20911 JOHNSON STREET #132 STREET ADDRESS PEMBROKE PINES, FL 33029 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS

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 cytrustee 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.

WALTERS

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

78Mela WOLLPIS PAMELA

4/7/04

4) 443-5888

Daytime Phone #

FILED