


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 13, 2006 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

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0868280 Applied For
Not Applicat
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, PAMELA
20911 JOHNSON STREET #132
PEMBROKE PINES, FL 33029

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTERS, PAMELA 20911 JOHNSON STREET #132 PEMBROKE PINES, FL 33029
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03/23/06 80010-017 158.75

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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: Pamela Walters President 3/9/06 (954) 443-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #