


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
5 Jun 22, 2006 8:00 am
Secretary of State

05-01-2006 90292 004 ***150.00

DOCUMENT # P98000091384 1. Entity Name ELIO AUTO, INC.	
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Principal Place of Business 2001 E HILLSBOROUGH ONE TAMPA, FL 33610	Mailing Address PO BOX 17123 TAMPA, FL 33682-7123
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66020330



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

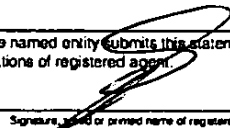
4. FEI Number 59-3539321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**VALDEZ, ELIO
39106 HAVEN AVE.
ZEPHYRHILLS, FL 33542**

**DO NOT WRITE
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  DATE **6-16-06**

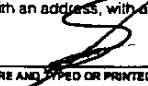
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)

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	PCFO VALDEZ, ELIO 39106 HAVEN AVE. ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VALDEZ, JACQUELYN 39106 HAVEN AVE. ZEPHYRHILLS, FL 33542
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**DO NOT WRITE
IN THIS SPACE**

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:  DATE **6-16-06** DAYTIME PHONE **813 736-5981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR