


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State


05-04-2007 90090 018 ***150.00

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| DOCUMENT # P99000000591 |  |
| 1. Entity Name ELITE ENTERTAINMENT PRODUCTIONS, INC. | |

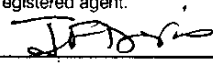
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| Principal Place of Business 8427 WEST MCNAB ROAD TAMARAC, FL 33321 | Mailing Address 8427 WEST MCNAB ROAD TAMARAC, FL 33321 |
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| 2. Principal Place of Business - No P.O. Box # 7940 N NOB Hill Rd | 3. Mailing Address POB 17316 |
| Suite, Apt. #, etc. 203 | Suite, Apt. #, etc. |

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| City & State Fort Lauderdale | City & State Fort Lauderdale |
| Zip 33321 | Zip 33318 |
| Country USA | Country USA |


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| 04302007 Chg-P | CR2E034 (12/06) |
| 4. FEI Number 65-0887340 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DAVIS, JANNICE F 8427 WEST MCNAB ROAD TAMARAC, FL 33321 | |
| 7. Name and Address of New Registered Agent Name Davis, Jannice F. Street Address (P.O. Box Number is Not Acceptable) 7940 N NOB Hill Rd 203 City Fort Lauderdale FL Zip Code 33321 | |

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| 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:  | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD DAVIS, JANNICE F 1844 N NOB HILL RD FORT LAUDERDALE, FL 33322 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD DAVIS, Jannice F 7940 N NOB Hill Rd #203 Fort Lauderdale, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | Date 4/30/07 Daytime Phone # (954) 882-2729 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |