2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# P99000031113

Entity Name: ELIZABETH FAMILY, INC.

Current Principal Place of Business:

1 GROVE ISLE DRIVE, #1104
COCONUT GROVE, FL 33133

New Principal Place of Business:

PO BOX 330159
COCONUT GROVE, FL 33233

Current Mailing Address:

1 GROVE ISLE DRIVE, #1104
COCONUT GROVE, FL 33133

New Mailing Address:

PO BOX 330159
COCONUT GROVE, FL 33233

FEI Number: 65-0918097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, MELISSA
1 GROVE ISLE DRIVE #1104
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

CAMPBELL, MELISSA
P O BOX 330159
COCONUT GROVE, FL 33233 US

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.

SIGNATURE: MELISSA CAMPBELL 04/16/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CAMPBELL, MELISSA
Address: 1 GROVE ISLE DRIVE, #1104
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CAMPBELL, MELISSA
Address: P O BOX 330159
City-St-Zip: COCONUT GROVE, FL 33233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA CAMPBELL P 04/16/2006
Electronic Signature of Signing Officer or Director Date