


# 2011 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
 11 SEP 12 PM 2:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000037914</b> 1. Entity Name <b>ELLIOTT GROUP, INC.</b>	
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Principal Place of Business <b>1435 PIEDMONT DR. E</b> <b>TALLAHASSEE, FL 32308</b>	Mailing Address <b>1435 PIEDMONT DR. E</b> <b>TALLAHASSEE, FL 32308</b>
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2. Principal Place of Business - No P.O. Box # <b>4024 NORTH MONROE ST.</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>LOT 38</b>	Suite, Apt. #, etc.

City & State <b>TALLAHASSEE FL.</b>	City & State
Zip <b>32303</b>	Country <b>USA</b>



09122011	Chg-P	CR2E034 (11/08)
4. FEI Number <b>59-3106717</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

<b>6. Name and Address of Current Registered Agent</b>  ELLIOTT, JEFFREY C 1435 PIEDMONT DR E TALLAHASSEE, FL 32309	<b>7. Name and Address of New Registered Agent</b> Name <b>JEFFREY C ELLIOTT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4024 NORTH MONROE ST</b> City <b>TALLAHASSEE FL</b> Zip Code <b>32303</b>
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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: *Jeffrey C Elliott* DATE: \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 23, 2011</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELLIOTT, JEFFREY C 1435 E. PIEDMONT DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELLIOTT JEFFREY C 4024 NORTH MONROE ST. TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELLIOTT, LARRY G 1435 E. PIEDMONT DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELLIOTT LARRY G 4024 NORTH MONROE ST. TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ELLIOTT, DEBRA 1435 E. PIEDMONT DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELLIOTT DEBRA 4024 NORTH MONROE ST. TALLAHASSEE, FL 32303 <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
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

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 approvals.

SIGNATURE: *Jeffrey C Elliott* **JEFF ELLIOTT 858@HOTMAIL.COM** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR