

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90414 046 ***150.00

DOCUMENT # P99000057376 1. Entity Name SELISA, INC.			
Principal Place of Business 2808 60TH AVE. WEST BRADENTON, FL 34207		Mailing Address 2808 60TH AVE. WEST BRADENTON, FL 34207	
2. Principal Place of Business 8620 Copper Ridge Ave Suite, Apt. #, etc. Las Vegas, NV 89129 City & State		3. Mailing Address 8620 Copper Ridge Ave Suite, Apt. #, etc. Las Vegas, NV 89129 City & State	
Zip 	Country 	Zip 	Country
6. Name and Address of Current Registered Agent EVANS, STANLEY 2808 60TH AVE. WEST BRADENTON, FL 34207		7. Name and Address of New Registered Agent Name Susan Grundy Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street #801 City Sarasota FL Zip Code 34236	
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 <u><i>Susan Grundy</i></u> DATE <u>4/26/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DONOVAN, LISA 2808 60TH AVE. WEST BRADENTON, FL 34207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8620 Copper Ridge Ave Las Vegas, NV 89129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Stan	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stan Evans (D.S.) 8620 Copper Ridge Ave Las Vegas, NV 89129
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
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 empowered.			
SIGNATURE: <u><i>Stanley Evans, Sr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/26/06</u> Daytime Phone # <u>702-360-6006</u>	