


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90339 015 ***150.00

DOCUMENT # P99000060480	
1. Entity Name ELITE FOODS-OCALA, INC.	

Principal Place of Business 2311 N.E. 29TH AVE UNIT 2 OCALA, FL 34470	Mailing Address 3020 PROSPERITY CH RD. PMB # 289 CHARLOTTE, NC 28269
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2. Principal Place of Business	3. Mailing Address 5450 BRUCE B. DOWNS BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 412

01112006 Chg-P CR2E034 (11/05)

City & State WESLEY CHAPEL, FL	4. FEI Number 59-3585764	Applied For <input type="checkbox"/> Not Applicable
Zip 33543	Country PASCO	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, SHERRIE
 220 OAKFIELD DRIVE
 BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D <input type="checkbox"/> Delete	NAME GREESON, JOHN F
STREET ADDRESS 17908 ARBOR GREENE DRIVE	CITY - ST - ZIP TAMPA, FL 33647
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP

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: John F. Greeson (JOHN F. GREESON) 4/5/06 813 907-7772
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #