
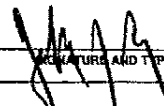


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000067298		
1. Entity Name ELITE AUTO WASH, INC.		
Principal Place of Business 951 S.E. MONTERRAY STUART, FL 34994 US	Mailing Address 136 OKON DRIVE BEAVER FALLS, PA 15010 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE CLEARWATER, FL 33761		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIMBEY, JEFFREY 136 OKON DRIVE BEAVER FALLS, PA 10510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMPKINS, ROBERT 51 SW RIERWAY BLVD PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGNER, DAVID 950 EDGEWOOD RD BEAVER FALLS, PA 15010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  Jeffrey J. Rimbe <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-3-05 Daytime Phone # 724-846-2959



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0938909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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02/11/05-80061-008 150.00