## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S33448

Entity Name: ELLTE, INC.

Name:

Address:

City-St-Zip:

SMYTH, DON

741 BAYSHORE DRIVE, #25

FT. LAUDERDALE, FL

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	HORE DRIVE			1919 NE 45TH ST.	DAAAN DA	OLUTE 045	
APT. 125 FT. LAUDERDALE, FL 33304				C/O MURRAY SILVE FT. LAUDERDALE, F		SUITE 215	
Current Mailing Address:				New Mailing Address:			
741 BAYSHORE DRIVE APT. 125 FT. LAUDERDALE, FL 33304				1919 NE 45TH ST. C/O MURRAY SILVERMAN, P.A. SUITE 215 FT. LAUDERDALE, FL 33308			
	: 65-0306544	FEI Number Applied For()	FEI Nur	nber Not Applicable ( )		e of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1919 NE 4 SUITE 215 FORT LAU The above	JDERDALE, FL		purpose o	f changing its register	ed office or re	gistered agent, or both,	
SIGNATUR							
	Electron	ic Signature of Registered Ag	ent			Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () HOLMQVIST, L 741 BAYSHORI FT. LAUDERDA	E DRIVE		Title: Name: Address: City-St-Zip:	() Change (	) Addition	
Title: Name: Address: City-St-Zip:	TD () HOLMQVIST, TI 741 BASHORE FT. LAUDERDA	DRIVE		Title: Name: Address: City-St-Zip:	() Change (	) Addition	
Title:	S ()	Delete		Title:	() Change (	) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LARS HOLMQVIST PRES 04/06/2009