2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V38847

1. Entity Name
ELCAR INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
41-589 ALLIGATOR POND RD.	41-589 ALLIGATOR POND RD.
BERMUDA DUNES, CA 92201 US	BERMUDA DUNES, CA 92201 US

DO NOT WRITE IN THIS SPACE

02102006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0363236		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICCO, STEPHEN F
1321 SE 1ST AVE.
DEERFIELD BEACH, FL 33441

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 ~~Stephen F. Ricco~~   Stephen F. Ricco   2/10/06

Signature, typed or printed name of registered agent and title if applicable.   (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	PTD
NAME	LEATHEAD, JEAN-PIERRE
STREET ADDRESS	41-589 ALLIGATOR POND RD.
CITY-ST-ZIP	BERMUDA DUNES, FL 92201
TITLE	VSD
NAME	BIENVENU, SUZANNE H
STREET ADDRESS	41-589 ALLIGATOR POND RD.
CITY-ST-ZIP	BERMUDA DUNES, FL 92201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   02-14-06   (760) 200-9211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Jean-Pierre Leathead, President