2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2007 8:00 am Secretary of State

Principal Place of Business Mailing Address Page 144TH ST N 1921 1921 1921 1922 1922 1922 1923 1924 1925 1924 1924 1925	DOCUMENT # V56110 1. Entity Name ELASTIZELL CORPORATION OF FLORIDA, INC.					05-18-2007 90019 010 ***550.00			
Suite Apt *, etc. Suite Apt *, etc. Suite Apt *, etc. Suite Apt *, etc. O1232007 Chg-P CR2E334 (12/06)	6251 44TH ST N 1921		6251 44TH ST N 1921		US		: 111)	RIZIMBA IN JOBA	
City & State	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
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Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip		Country			ired \$8.75 A	dditional	
SCHERHOLZ, JOHN C. 8251 44TH ST N 1921 PINELLAS PARK, FL 34665 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both in the State of Florida. Lam familiar with, and accept the obligation of Florida. Lam familiar with, and accept the obligation of regist	<i></i>	6. Name and Address of Current	Registered Agent	,	i	7. Name and Address of h			
Street Address (P.O. Box Number is Not Acceptable)		···			Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWNII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DTP SCHIERHOLZ, JOHN SCHIERHOLZ, OFFICHAL SCHIERHOLZ, JOHN SCHIERHOLZ, OFFICHAL SCHIERHOLZ, OFFICHAL SCHIERHOLZ, OF	6251 44TH ST ['] N 1921				Street Addre	et Address (P.O. Box Number is Not Acceptable)			
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		portify that the information as and in a solution	this filing days and availed to			inad in Chapter 110 Stade State		1-4	

12. Thereby 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:

THE ARTINED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/09

727-526-8098

Daytime Phone #