


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90375 019 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000002819			
1. Entity Name ELITE DETECTIVE SERVICES, INC.			
Principal Place of Business 100 CUMMINGS CENTER, STE. 331/ BEVERLY, MA 01915		Mailing Address 100 CUMMINGS CENTER, STE. 331/ BEVERLY, MA 01915	
2. Principal Place of Business		3. Mailing Address 495 CABOT ST SUITE 6	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BEVERLY MA	
Zip		Zip 01902	
Country		Country USA	
4. FEI Number 04-3418939		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KERR, R. 5264 NE 2 TERR. FT. LAUDERDALE, FL 33334		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 <i>[Signature]</i>		DATE 3-30-06	
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP VIGLIOTTA, DOUGLAS T 39 DODGE STREET BEVERLY, MA 01915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.			
SIGNATURE: <i>[Signature]</i>		DATE 3-30-06	